



County Borough of Southend-on-Sea.

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County Borough of Southend-on-Sea

HEALTH DEPARTMENT.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR, 1920.

by

CHARLES GRANT PUGH,

Medical Officer of Health and School Medical Officer.

Borough Bacteriologist.

Medical Superintendent of the Infectious Hospitals.

Medical Officer to the Mental Deficiency Committee and Acting

Medical Officer of the Venereal Diseases Centre,

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Provision of Midwives.—During the year, the fee of the midwife, viz., one guinea, was paid in 44 cases of necessitous women, and half the fee, viz., 10/6 in four cases—a total expenditure of £48 6s. 0d., as compared with £57 0s. 3d. in 1919.

County Borough of Southend-on-Sea.

Health Committee.

November, 1920 to November, 1921.

Mr. Councillor SULLIVAN (Chairman).

THE MAYOR (Mr. Alderman JOHN FRANCIS).

Mr. ALDERMAN DOWSETT, J.P. Mr. ALDERMAN MEACHEN.

Mr. COUNCILLOR BOCKETT. Mrs. COUNCILLOR HAWKEN, J.P.

Mr. COUNCILLOR BUTTERFIELD. Mr. COUNCILLOR N. J. OSBORNE.

Mr. COUNCILLOR HEAP. Mr. COUNCILLOR SIMMONDS.

Mr. COUNCILLOR RADFORD.

Staff of Public Health Department.

Medical Officer of Health—

C. GRANT PUGH, M.D., (Lond.), B.Sc., (Lond.), D.P.H. (Camb.),
M.R.C.S., (Eng.), L.R.C.P., (Lond.).

Deputy Medical Officer of Health—

F. E. INGALL, F.R.C.S., (Eng.), L.R.C.P., (Lond.), D.P.H., (Lond.).

Assistant Medical Officer of Health—

MARGARET E. RUTHERFORD, M.B., Ch.B. (Glasgow).

Tuberculosis Officer—

G. N. MEACHEN, M.D., B.S., (Lond), M.R.C.P. (Lond. & Edin.)

Dentist—

Mr. R. W. GRIFFIN, L.D.S. (Eng.).

Public Analyst—

LEO TAYLOR, F.I.C.

Veterinary Inspectors—

Mr. H. J. KELLY, M.R.C.V.S.

CAPT. DUNLOP MARTIN, M.R.C.V.S.

Matron of Borough Sanatorium—

MISS MIDGLEY.

Tuberculosis Nurse—

MRS. K. H. CROKE.

Health Visitors and School Nurses—

MISS M. TAYLOR, Cert. Nurse, C.M.B.

MISS S. J. HUGHES, Cert. Health Visitor.

MISS G. HEDGER, Cert. Nurse.

MISS E. E. KINGTON, Cert. Nurse.

MISS N. HITCHCOCK, Cert. Nurse, C.M.B.

MRS. I. MUNRO, Cert. Nurse, C.M.B.

Sanitary Inspectors—*Inspector of Nuisances and**Chief Sanitary Inspector—*

E. W. PENN*†§

Assistant Inspector—

F. W. MAYNARD.

Assistant Inspector—

L. E. EDWARDS*†§

Assistant Inspector—

R. B. MACARA.

Assistant Inspector—

J. H. LOTT*†§

Assistant Inspector—

J. P. CLARKE*†§

Clerks —

F. T. WEBBER.

MISS M. ADAMS.

R. DRAKE*†

MISS I. RIDGE.

*Associate of the Royal Sanitary Institute.

†Certificate of the Royal Sanitary Institute.

§Certificated Meat Inspector (Royal Sanitary Institute).

Statistical Summary, 1920.

Acreage	7,083
Census Population, April, 1911	70,676
Population estimated (Registrar General)	87,382
Population estimated (locally)	110,000
Number of persons per house at Census, 1911	
Southend.....5.3 Leigh.....4.5	5.2
Number of persons per Tenement at Census, 1911	
Southend.....4.4 Leigh.....4.2	4.4
Density of population per Acre in 1901	
Southend.....5.58 Leigh.....2.4	4.75
Density of population per Acre in 1920	15.5
Net Death Rate, 1920	11.2
Net Birth Rate, 1920	21.2
Zymotic Death Rate, 1920	.33
Infantile Mortality Rate, 1920	52
Rainfall in 1920 inches	19.03
Sunshine in 1920 hours	1616.3
General District Rate	6/2 in the £.
Poor Rate	6/1 in the £.
Loan Debt.....	£1,173,837
Rateable Value. December, 1920	£671,068

The following Table, based on that issued by the Registrar General, is given for comparison.

	Annual rate per 1000 living.		Deaths under one year to 1000 births.
	Births.	Deaths (Crude)	
England and Wales	25'4	12'4	80
96 Great Towns	26'2	12'5	85
148 Smaller Towns	24'9	11'3	80
London	26'5	12'4	75
Southend-on-Sea	21'2	11'2	52

Percentage of total deaths.

	Certified Causes.	Inquest Cases.	Uncertified causes of Death.
England and Wales	92'2	6'6	1'2
96 Great Towns	92'2	7'1	'7
148 Smaller Towns	93'2	5'3	1'5
London	91'2	8'6	'2
Southend-on-Sea	90'9	5'1	4'

Section 1. Physical Features and General Character of the District.

The Borough of Southend-on-Sea lies on the north coast of the Thames Estuary ; as extended it covers an area of 7,083 acres, and is roughly quadrilateral in shape ; its length fronting the Estuary is approximately six and a quarter miles in extent, while its width varies, being approximately one and a quarter miles at the western boundary, two and one-third miles at the centre, and one and seven-eighths miles at the eastern boundary.

Elevation.

While the houses on the front in the eastern portion of the town are at the sea level, those of the central portion are situated on cliffs from eighty to one hundred feet above sea level ; proceeding towards the west the level gradually falls until at the centre of the western portion the houses are again at sea level, cliffs, however, becoming again a prominent feature of the front towards the western boundary.

Speaking generally, it may be said that the central portion of the Borough stands on high ground ; the main London Road which under various names traverses the whole length of the Borough is 93 feet above O.D. at its junction with the High Street in the centre of the town ; proceeding in a westerly direction, it gradually rises until a level of 120 feet is reached at the junction of London Road and West Road, while in an easterly direction the road falls, first gradually and then rapidly, to Bournes Green, which is only 20.4 feet above Ordnance Datum. The London Road is thus placed on a crest of high ground which runs from west to east through the whole length of the Borough, and from it the land slopes fairly uniformly in each direction, the southern slope being separated by a slight ridge running north and south into two valleys, eastern and western.

Geology.

Geologically, the surface formation varies, but it may be said Old Southend, Southchurch and Prittlewell have a surface soil of river gravel, while the greater part of Westcliff and Leigh is on the London Clay several hundred feet in thickness.

The Foreshore.

The foreshore which, as has been mentioned above, is approximately six and a quarter miles long, has a total area of 3,415 acres, and has a width of about 1,500 yards, 1,700 and 2,300 yards at its western, central and eastern portions respectively; it is entirely covered at each tide, and consists, except near the esplanades, largely of mud areas interspersed with portions covered with clean but fine sand; at the present time the appearance of the foreshore near low water mark is rendered somewhat irregular and unsightly by large banks and isolated clumps of mussels, but in the portions which have been cleared of shell fish there are good stretches of sand. The greater portion of the foreshore of the Borough, viz., that from near the western boundary of the Borough to an imaginary line from Bryant Avenue to Minster Church, is owned by the Corporation; the remaining portion of the foreshore of the Borough, viz., the Thorpe foreshore, is private property.

Occupations of Inhabitants.

The Borough is essentially a seaside and health resort and residential town, there being, apart from the building, no industry other than catering for the wants and pleasures of the inhabitants and of the visitors. Formerly appealing only almost entirely to trippers and summer visitors for short periods, it has within recent years entirely altered in character, having become largely a residential town and the home of merchants, clerks, and others engaged in London, its proximity to the City and the excellent and cheap train service rendering it very popular as a seaside place of residence, more particularly for men with families. The Town has also become a favourite place of residence for persons retiring from business, the short railway journey to London rendering the latter easy of access for elderly men who may require to visit the City on one or two days a week. Its increasing reputation as a health resort has also attracted large numbers of invalids and delicate persons, while the rapid growth of the town and the carrying out of extensive public improvements have led to a great influx of men engaged in the building and allied trades. During the summer months it is estimated that there are in the Borough an average of about 30,000 temporary visitors, in addition to a variable number of day trippers, on some days amounting to as many as 90,000. Leigh-on-Sea is the home of a number of men employed in the cockle industry.

Divisions of the Borough.

The Borough is now divided into ten municipal wards, viz., Chalkwell, Westborough, Milton, Victoria, Prittlewell, Pier, Thorpe, Southchurch, Leigh and St. Clements. Pier Ward and Prittlewell Ward, and adjoining portions of the Thorpe Ward, Victoria Ward and Milton Ward correspond with Southend as it was before the recent phenomenal growth of the Borough took place. Leigh and St. Clements Ward comprise the former Urban District of Leigh (which was brought within the Borough by the Corporation Act, 1913), but included in them are also portions of the Chalkwell and Westborough Wards of the non-extended Borough and the part of the Parish of Eastwood added to the Borough by the same Act.

The Borough may be considered to be formed by an aggregate of five small towns, viz.: (1) Leigh-on-Sea; (2) Westcliff-on-Sea; (3) Southend-on-Sea proper; (4) Southchurch; and (5) Thorpe Bay; the latter, which forms the most eastern portion of the Borough, though it has only recently been developed, promises to become in a few years as popular as Westcliff-on-Sea as a place of residence.

Section II. Vital Statistics.

Census Population.

The population at the official census taken on 3rd April, 1911, was as follows:—

Southend-on-Sea Borough	...	...	62,713
Leigh-on-Sea Urban District Council	...	...	7,713

giving a population for the Borough as extended, on the assumption that 250 persons resided in that portion of the Parish of Eastwood, which was also included in the County Borough, of 70,676.

Estimated Population.

The Registrar General's estimate of the population of the County Borough at the mid-year in 1920 was 87,382 as compared with 87,538 his estimate in 1919. Both these figures, probably much under-estimated the population, which locally is believed to be 110,000. In any case as habitation certificates were granted during the year in respect of 523 new dwellings, all of which are occupied, the population was certainly greater than in 1919. There is, however, no method of arriving at even an approximate figure for the total population as the average number of persons resident in each house has probably very materially increased beyond the figure 5.2 obtained at the last census. In estimating birth rates and death rates, the figures of the Registrar General have had to be taken.

Density of Population.

The number of persons per acre was, locally, at the mid-year estimated to be 15.5 as compared with 12.3 in 1914. The corresponding figures at the last two census years were as follows:—

	1901.	1911.
Southend-on-Sea before extension	... 5.6	12.1
Leigh-on-Sea Urban District	... 2.4	5.0
Southend-on-Sea Borough as extended	... 4.8	10.5

Births.

The total number of births registered in the Borough during the year was 1,825, but of these 34 should be deducted the mothers being ordinarily non-residents in the Borough, while 67 infants were born outside the Borough to residents of the Borough. The

total number of births consequently to be credited to the Borough is 1,858 giving a birth rate on the Registrar General's estimate of the population of 21.26 as compared with 25.4, the figure for the Country generally.

Of the infants, 957 were boys and 901 girls; 98 of the births were illegitimate, a percentage of 5.2 as compared with 7.3 in 1919 and an average of 4.2 in the previous five years.

Deaths.

872 deaths were registered as having occurred in the Borough, but of these 79 were of non-residents and should be deducted; 193 deaths of residents, however, took place outside the Borough and these have to be added. The net number of deaths of residents during the year was consequently 986 giving a net death rate of 11.2 upon the Registrar General's estimate of the population.

The number of births and death in each Ward is shown below.

		Births.			Deaths.
		Legitimate.	Illegitimate.	Total.	
Chalkwell	...	155	3	158	90
Westborough	...	253	4	257	125
Victoria	...	197	12	209	75
Milton	...	107	6	113	114
Prittlewell	...	224	12	236	89
Pier	...	169	12	181	130
Southchurch	...	293	12	305	129
Thorpe	...	128	7	135	98
Leigh	...	127	4	131	70
St. Clements	...	102	1	103	63
Non-allocated	...	5	25	30	3
		1,760	98	1,858	986

Inquests.

Inquests were held by the Coroner for South-East Essex as to deaths of 45 persons who died during the year in the Borough, a percentage of 5.1 on the 872 deaths compared with 6.6, the figure for England and Wales, 7.1 for the 96 Great Towns and 8.6 for London.

Suicides.

By Cut throat	...	...	...	1
Drowning	...	...	...	6
Run over by train	...	...	...	3
Shooting	...	...	...	2.....12

Accidents.

Run over	...	...	...	4
Drowning	...	...	...	6
Knocked down	...	...	...	3
Fall	...	...	...	2
Scalded	...	...	...	1
Burning	...	...	...	1.....17

Natural Causes.

Heart failure	...	...	...	4
Pneumonia	...	...	...	2
Syncope	...	...	...	2
Cerebral hæmorrhage	...	...	...	2
Myasthenia	...	...	...	1
Inflammation of sacrum	...	...	...	1.....12

Other Causes.

Inattention at birth	...	...	...	2
Peritonitis due to kick by horse	...	...	...	1
Meningitis	...	...	...	1.....4

Uncertified Deaths.

Of the 872 deaths in the Borough, 35 were uncertified, no inquest being held in spite of the fact that a medical certificate as to cause of death was not available. Each such case is reported by the Registrar of Deaths to the Coroner before the death is registered and the latter presumably satisfies himself from inquiry made by his officer that no inquest is necessary.

Of the deaths two were of infants, the deaths of whom were attributed to causes as under:—

				Ages at Death.
Acute Bronchitis and Heart Failure	...	...	...	3 months.
Gastritis, Convulsions	...	...	...	1 month.

The causes to which the remaining deaths were ascribed were as follows:—

Disease.	No. of Deaths.	Ages at Death.
Heart failure ...	6	61, 65, 61, 63, 75, 68
Senile decay & Heart failure ...	6	76, 70, 65, 88, 81 82
Cerebral Haemorrhage	3	53, 63, 59
Heart Disease ...	3	63, 64, 51
Acute Bronchitis and Heart failure ...	2	68, 69
Chronic Asthma ...	2	61, 56
Pulmonary Tuberculosis	1	38
Surgical Shock ...	1	2
Sarcoma of Tonsils ...	1	65
Organic Disease of Heart	1	70
Flatulent Dyspepsia and Heart failure ...	1	78
Haemoptysis ...	1	41
Myocardial Degeneration	1	76
Osteitis deformans ...	1	61
Apoplectic seizure ...	1	72
Broncho pneumonia ...	1	3
Angina Pectoris ...	1	41

The percentage of uncertified deaths was 4.0 as compared with 1.2 for the County generally, 0.7 for the 96 Great Towns and 0.2 for London.

Infantile Mortality.

Ninety-seven infants under one year of age whose parents ordinarily reside in the Borough died during the year, giving an infantile mortality rate of 52 per 1,000 births, the lowest ever recorded, and comparing with 58 in 1919 and 74, 80, 59, 69, 82, 57, 121, 88, 75, 92 and 94 in the eleven preceding years. The corresponding figures for 1920 for England and Wales, the 96 great towns, the 148 smaller towns, and London respectively were 80, 85, 80 and 75.

Three of the infants lived less than one hour, 15 less than one day, 35 less than one week and 54 less than four weeks.

Eleven of the infantile deaths occurred in Hospitals, viz., three in the Southend Victoria Hospital, one in the Borough Sanatorium, one in a Nursing Home, one in Rochford Infirmary and five in hospitals outside the Borough.

Zymotic Mortality.

During the year, the seven principal zymotic diseases, viz., Smallpox, Scarlet Fever, Diphtheria, Typhoid Fever, Measles, Whooping Cough and Diarrhoea and Enteritis (under two years of age) caused 29 deaths, eight being attributed to Diphtheria, one to Measles, seven to Whooping Cough and 13 to Diarrhoea (under two years of age). The Zymotic death rate consequently was .33 comparing with .48 in 1919 and .33, .63, .23, .50, .34, .53, .23, 1.46, .55, .64. and .83 in the preceding 11 years.

Deaths in Institutions.

Of the 872 deaths which occurred in the Borough, 119 or 13.5 per cent. occurred in institutions, 43 taking place at the Victoria Hospital, 43 in the various Nursing Homes, 25 in the Borough Sanatorium, six in Nazareth House and two in the Home of Rest.

Of the 986 deaths of residents in the Borough, 259 or 26.4 per cent. took place in Public Institutions either in the Borough or elsewhere as under.

Public Institutions in the Borough.

Victoria Hospital	...	...	26
Various Nursing Homes	...	...	36
Borough Sanatorium	...	...	18
Nazareth House	...	...	6.....88

Public Institutions outside the Borough.

Rochford Poor Law Infirmary	...	101
Severalls Mental Hospital	...	14
London Hospitals	...	43
London Poor Law Infirmarys	...	2
Provincial Hospitals	...	7
Other Institutions	...	4.....171

The percentage of deaths in Public Institutions in 1920 is given by the Registrar General as being 24.3, 31.3, 16.5 and 46.3 respectively for England and Wales, the 96 great towns, the 148 smaller towns and London.

Ministry of Health Tables.

TABLE I.

Vital Statistics of Whole District during 1920 and previous years.

Year.	Population estimated to middle of each year.	Births,			Total Deaths registered in the District.		Transferable Deaths		Net Deaths belonging to the District			
		Un-corrected Number.	Net. Number.	Rates.	Number.	Rates.	Of Non-residents registered in the district.	Of Residents not registered in the district.	Under 1 year.		At all ages.	
									Number.	Rate per 1,000 Net Births.	Number.	Rate.
1915	76382	1391	1420	16'3	894	11'7	53	171	122	86	1012	13'2
1916	74083	1362	1392	17'2	782	10'5	54	126	82	59	854	11'5
1917	71919	1095	1126	14'04	914	12'7	73	184	91	80	1025	14'2
1918	70692	887	918	11'58	888	12'5	80	177	68	74	1005	14'2
1919	87538	1248	1280	14'6	916	10'9	73	175	75	58	1018	12'1
1920	87312	1825	1858	21'2	872	9'9	79	193	97	52	986	11'2

Area of District in acres
(land and inland water } 7,083

Total population at all ages
Total families or separate occupiers ...

70,426 } at census
13,480 } of 1911.

The figures for the estimated population are those supplied by the Registrar-General.

TABLE II.—Cases of Infectious Disease Notified during the Year, 1920.

Notifiable Disease.	Number of cases notified.						Total cases notified in each Ward.								Total Cases Removed to Hospital				
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards.	Chalkwell	Westborough	Milton	Victoria	Pier	Pittlewell		Southchurch	Thorpe	Leigh	St. Clements.
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera, Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Group)	164	—	29	112	15	7	—	1	6	17	12	21	12	31	36	20	3	6	134
Erysipelas	27	1	1	—	1	6	10	8	3	3	1	4	4	3	2	2	2	3	—
Scarlet Fever	362	—	38	267	39	18	—	—	31	32	17	29	44	40	75	30	26	29	281
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fevers:																			
Typhoid	2	—	—	—	1	—	1	—	—	—	—	—	2	—	—	—	—	—	2
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	15	—	—	—	1	14	—	—	1	2	3	2	1	1	3	2	—	—	1
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	2	1	—	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Ophthalmia Neonatorum	37	37	—	—	—	—	—	—	—	6	2	5	4	7	7	6	—	—	—
Trench Fever	1	6	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—
Pneumonia	126	—	9	23	21	38	22	7	12	35	4	5	10	9	15	13	15	8	—
Malaria	43	—	—	1	7	33	2	—	3	5	3	5	5	9	6	5	—	2	—
Dysentery	2	—	—	—	1	2	—	—	—	—	—	1	—	—	2	—	—	—	1
Encephalitis Lethargica	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	185	—	1	15	40	103	24	2	12	23	23	15	20	20	28	17	13	14	51
Other forms of Tuberculosis	59	—	8	32	8	8	3	—	6	6	2	7	7	3	7	7	10	4	1
TOTALS.	1027	45	86	451	134	230	63	18	74	129	67	94	110	134	181	103	69	66	474

TABLE III.

Causes of and Ages at Death during the year 1920.

CAUSES OF DEATH.	Nett deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or of "Non-Residents" in Institutions in the District.
	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and upwards	
All causes { Certified ... Uncertified ...	954 32	95 2	7 —	7 2	24 —	35 —	165 2	247 12	374 14	119 —
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Measles	1	1	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	7	2	1	2	2	—	—	—	—	—
Diphtheria and Croup	8	—	—	1	7	—	—	—	—	9
Influenza	32	2	—	1	1	5	13	8	2	3
Erysipelas... ..	2	—	—	—	—	—	1	—	1	—
Phthisis (Pulmonary Tuberculosis)	107	—	—	—	1	17	65	22	2	13
Tuberculous Meningitis	5	3	2	—	—	—	—	—	—	2
Other Tuberculous Diseases	8	—	—	—	1	1	5	1	—	5
Cancer, malignant disease	113	—	—	—	—	1	7	58	47	14
Rheumatic Fever	4	—	—	—	1	—	—	2	1	—
Meningitis	3	3	—	—	—	—	—	—	—	1
Organic Heart Disease	114	—	—	—	2	1	12	34	65	4
Bronchitis... ..	69	9	1	—	1	1	2	12	43	2
Pneumonia (all forms)	45	6	2	3	2	1	7	16	8	5
Other respiratory diseases	12	2	—	—	—	—	1	4	5	—
Diarrhoea and Enteritis... ..	13	6	—	—	—	—	1	3	3	—
Appendicitis and Typhlitis	3	—	—	—	1	—	1	—	1	8
Cirrhosis of Liver	5	—	—	—	—	—	—	5	—	—
Alcoholism	2	—	—	—	—	—	—	2	—	1
Nephritis and Bright's Disease	40	—	—	—	—	2	9	6	23	4
Puerperal Fever	2	—	—	—	—	—	2	—	—	2
Other accidents and diseases of Pregnancy and Parturitions	8	—	—	—	—	—	8	—	—	1
Congenital Debility and Malformation, including Premature Births	47	45	—	1	1	—	—	—	—	2
Violent Deaths, excluding Suicide	18	—	—	1	3	—	4	6	4	6
Suicide	6	—	—	—	—	—	2	4	—	1
Other Defined Diseases	304	18	1	—	1	6	25	72	181	36
Diseases ill-defined or unknown	8	—	—	—	—	—	2	4	2	—
TOTALS	986	97	7	9	24	35	167	259	388	119

TABLE IV.

Nett Deaths from Stated Causes at various Ages under
One year of Age.

Cause of Death.			Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
All Causes } Certified			35	10	4	5	54	15	10	6	10	95
			—	—	—	—	—	2	—	—	—	2
Uncertified			—	—	—	—	—	—	—	—	—	—
Small-pox	...	...	—	—	—	—	—	—	—	—	—	—
Chicken-pox	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	...	...	—	—	—	—	—	—	—	—	—	—
Whooping Cough	...	...	—	—	—	—	—	1	—	—	1	2
Diphtheria and Croup	...	...	—	—	—	—	—	—	—	—	—	—
Erysipelas	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	...	...	—	—	—	—	—	—	1	—	2	3
Abdominal Tuberculosis	...	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	...	...	—	—	—	—	—	1	—	2	—	3
Convulsions	...	...	—	2	—	—	2	—	—	—	—	2
Laryngitis	...	...	—	—	—	—	—	—	1	—	—	1
Bronchitis	...	...	—	1	2	—	3	4	1	—	1	9
Pneumonia (all forms)	...	...	1	—	—	—	1	1	—	2	2	6
Diarrhoea	...	...	—	—	—	—	—	—	1	—	1	2
Enteritis	...	...	—	—	—	—	—	1	2	1	—	4
Gastritis	...	...	—	—	—	—	—	1	—	—	—	1
Syphilis	...	...	—	—	—	—	—	1	—	—	—	1
Rickets	...	...	—	—	—	—	—	—	—	1	—	1
Suffocation Overlaying	...	...	—	—	—	—	—	—	—	—	—	—
Injury at Birth	...	...	2	—	—	—	2	—	—	—	—	2
Atelectasis	...	...	2	—	—	—	2	—	—	—	—	2
Congenital Malformation	...	...	2	3	—	1	6	2	—	—	—	8
Premature Birth	...	...	18	—	1	1	20	1	—	—	—	21
Atrophy, Debility and Marasmus	...	...	6	3	1	2	12	3	1	—	—	16
Other Causes	...	...	4	1	—	1	6	1	3	—	2	12
Totals	...	...	35	10	4	5	54	17	10	6	10	97

Nett Births in the Year	{	Legitimate..	1760
	{	Illegitimate..	98
Nett Deaths in the Year	{	Legitimate.....	90
	{	Illegitimate.....	7

Section III. Sanitary Circumstances of the District.

Water Supply.

The Southend Water Works Company which is the statutory Water authority for the County Borough and for the surrounding rural districts obtain their water from deep wells sunk in the surrounding districts. The water is of excellent quality free from plumbo-solvent action, and the wells are so constructed as to render contamination impossible.

As in the previous year, but even to a greater extent, the Company found that their resources were inadequate during the season to give a continuous supply in the Borough; even in April it was necessary to intermit for several hours a day the supply and in May the hours during which water was available had to be even more rigorously curtailed; for a few days in May, owing to a break-down in the Pumping machinery at some of the wells and to other causes, many houses in the Borough had to be content with only an hour's supply each day, and in some cases householders, particularly those resident on the higher level, had to be dependent for several days on the small quantity of water they had stored for use during a period of intermission.

The Company, faced with the depletion of their reservoirs, adopted all measures possible to alleviate the inconvenience and issued notices giving the hours at which the water supply in the several areas of the Borough was on, viz. :—

6.45 a.m. till 8.30 a.m.

12 noon till 1 p.m.

5.30 p.m. till 7 p.m.

although at various times during the season even these hours had to be curtailed, so much so that water was only obtainable in large areas of the Borough for an hour each morning. In spite of assistance from the neighbouring South-East Essex Water Co., these very inconvenient conditions persisted until well into October but the periods of intermission thereafter gradually became shorter until finally a constant supply by day was available.

The Company trust, as a result of the agreement made between them and the South-East Essex Water Company and of the yields

from the new well on Canvey Island and from the recently constructed tunnel between the Vange and Fobbing wells, that it will not be necessary during the coming year to resort to such severe restrictions as have been necessary during the seasons of the two preceding years.

The total inadequacy of the water supply of the Borough during the greater part of the last two years has resulted in the greatest inconvenience to residents and visitors alike ; the keepers of boarding houses and lodging houses particularly felt the strain and undoubtedly suffered great loss from visitors leaving the Borough owing to the water supply being insufficient for necessary sanitary purposes. Fortunately no ill-effects on the public health have to be recorded, and the Borough is fortunate in the absence in the locality of any supply of polluted water which ignorant persons might otherwise be tempted to use for domestic purposes.

In November the Southend-on-Sea Water Company, in conjunction with the South-East Essex Company, gave notice of their intention to promote in Parliament a Bill authorising the construction of the necessary works and reservoirs and the laying of mains to enable them to obtain a water supply from the River Stour on the borders of Essex and Suffolk, but it is not anticipated even if the proposals are sanctioned that the new source of supply will be available for at least three years.

Drainage, Sewerage, etc.

Except in outlying areas of the Borough, the town is effectively drained and sewered, the sewage flowing by gravitation to the sewage treatment works at Leigh and Prittlewell respectively, the effluents from which are discharged into the Thames Estuary. About 174 houses on the outskirts of the Borough are provided with cesspools which are emptied at the option of the occupiers by the Council on payment of a nominal fee. One hundred and twenty-two houses are not provided with water closets, 21 having earth closets, 78 pail closets and the remainder having privies with fixed receptacles. It is estimated that the total number of water closets in the Borough is 28,255.

Scavenging.

House refuse is removed by the Council once weekly from all premises and more frequently from boarding houses and other large establishments ; during the summer season a bi-weekly collection is made in those areas of the Borough in which experience

shows such a bi-weekly collection to be necessary as a result of the crowded condition of the apartment houses. The refuse is removed to the Prittlewell sewage treatment works where it is incinerated in the dust destructor. Horses and vehicles are in the main used for the house-to-house collection, although a motor vehicle is also utilized but mainly for haulage to the incinerator; it is difficult to understand why motor traction should not be used in those parts of the Borough in which all the roads are made up, horse traction being reserved for the outlying portions; at any rate, the present method is very expensive, involves much waste of labour and is ineffective as in such a thickly populated Borough removal of house refuse once weekly cannot be regarded as adequate. The dust destructor is unable to deal with all the refuse collected and the provision of an additional destructor in the Western portion of the Borough or an increase in the capacity of the present destructor is a matter which urgently requires consideration as soon as economic conditions justify.

Movable metal ashbins with covers are almost universally provided although it has not yet been possible to insist on the standard size and quality laid down by the Council, pursuant to the Corporation Act of 1913.

Sanitary Inspection.

The Chief Sanitary Inspector has prepared the following tabular statement showing the work done by the Sanitary Inspectors during the year.

Complaints received and attended to.....	904
Complaints referred to Highways Department	96
Frivolous complaints received	21
Nuisances detected without complaint	1,635
Nuisances abated on notice	1,081
Nuisances abated without notice	1,418
Preliminary notices served	1,121
Statutory notices served	267
Notices not complied with but being dealt with	40
Houses affected by notice	1,293
Houses inspected under Public Health Acts	3,118
Houses, number inspected under Housing and Town Planning Act, with full particulars and plans	350
Visits of inspection made during the detection and abatement of nuisances	16,759
General inspections with Medical Officer of Health	16

Work done in connection with the Drainage of Premises.

Houses, drains tested :—

After Infectious diseases	485
By request on payment of fee	7

On complaint or alteration of drainage	193
Number of houses re-drained	34
Number of houses, drains repaired	196
Total length of drain tested with water feet	3,129
New inspection chambers built	66
New gullies fixed	99
New covers to inspection chambers provided	90
Inspection chambers rendered	101
Soil pipes tested and re-tested	513
New soil pipes provided	29
Vent pipes unblocked	70
New closet basins and traps fixed	124
New flushing cisterns provided	60
New lavatory basins provided	27
W.C.'s made open risers	40
New W.C.'s erected	34

Housing. The following defects were remedied and Improvements carried out.

Defective flushing cisterns repaired	146
W.C.'s floors paved	31
Blocked drains cleared on notice	128
New stoneware sinks provided	30
Defective guttering repaired,.....houses	124
Defective rainwater pipes repaired.....,,	66
Defective roofs repaired,	144
Yards paved	46
Yard paving repaired	87
New floors to houses	36
Cement plinths to houses provided	29
Scullery floors cemented	15
Scullery floors repaired	37
Stoves repaired	76
Copper furnaces repaired	63
New sanitary ashbins provided	507
New gutters provided	23
Walls to houses rendered	19

With respect to Light and Ventilation.

New air bricks provided for ventilation under floors	133
--	-----

With respect to Dirty Houses.

Houses cleansed	43
Rooms cleansed	209
Ceilings cleansed	133
Dirty closet basins cleansed	48
W.C.'s cleansed	42
Rooms measured as to overcrowding	38
Overcrowding in rooms abated	16
Premises closed as unfit for habitation	2

In connection with the Water Supply the following work has been carried out.

Houses re-connected with Water Company's mains	17
Houses, water laid on from Company's mains	2

With respect to the Keeping of Animals.

Removal of animals improperly kept	26
Stables, yards paved	2
Stables, yard paving repaired	6
Pig Styes cleansed and limewashed	50
Inspections of piggeries	253
Notices served re removal of manure under Section 49	7

Schools.

Schools, sanitary conveniences, inspections	582
---	-----

Particulars as to enquiries with respect to Infectious Diseases.

Enquiries re infectious diseases	558
,, re deaths from phthisis	45
,, re Smallpox contacts	89
,, re Plague contacts	2
,, re Malaria	23

Miscellaneous.

Cesspools, inspections	243
Marine Store dealer's premises, inspections	60
Visits to Gipsy vans	90
Gipsy vans removed	35
Common Lodging houses inspections	7
Offensive trades, premises, inspections	433
Butchers' premises, inspections	425
Fishmongers' premises, inspections	742
Fruiterer's premises, inspections	352
Stables' inspections	757
Ice Cream vendors' premises, inspections	119
Public House urinals, inspections	974
Cowsheds, inspections	136
Slaughterhouses, inspections	838
Bakehouses, inspections	285

Shops Act.

Shops Act, infringement detected and cautions given	76
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Complaints as to Nuisances.

One thousand complaints were received during the year, but of these 96 should have been addressed to the Borough Surveyor's Department, to which they were consequently sent ; 75 of these complaints referred to non-removal of house refuse and 21 as to street gullies.

Of the remaining 904, twenty-one on enquiry were either frivolous or it was found that no nuisance existed and the others may be classified as follows:—

Smells from Drains	46
Blocked drains	100
Refuse on land and back passages ...	61
Dirty houses	67
Dirty houses	15
Damp houses	15
Overcrowding in houses	18
Defective or insufficient water supply ...	55
Re Van Dwellers	21
Animals improperly kept	61
Cesspools overflowing	7
Miscellaneous	360
	883

Many of the last named were more in the nature of enquiries.

Disinfection of Houses, 1920.

Disease.	No. of Houses disinfected.	No. of Rooms Disinfected.
Phthisis (deaths)	94	131
Phthisis (removals)	65	93
Scarlet Fever	422	506
Diphtheria	199	212
Typhoid Fever	2	2
Puerperal Fever	5	5
Cancer	25	27
Measles	17	19
Erysipelas	5	5
Verminous houses	26	39
Other Causes	23	24

Two Vans, One Motor Car, Three Bath Chairs, One Perambulator, and Seven School Classrooms were also disinfected. 27,337 articles of bedding, clothing, carpets, etc., were removed to the disinfecting station at the Borough Sanatorium and disinfected by steam under pressure in the Washington Lyon Apparatus. The need for motor traction in lieu of the horse-drawn vans now used for the collection of goods requiring disinfection is increasingly obvious.

Drain Testing,

As in former years, the drains of houses have been tested as a result of notification of infectious disease thereat with the following results :—

	No. of Houses in which no defects were found.	No. of Houses in which slight defects were found.	No. of Houses in which serious defects were found.
Scarlet Fever... ..	246	36	36
Diphtheria	106	17	9
Typhoid, Fever	1	1	—
Erysipelas	26	1	—
Puerperal Fever	13	2	—
Small-Pox	—	—	—
Totals	392	57	45

Premises, etc., which can be controlled by Byelaws.

Common Lodging Houses.—There is only one registered Common Lodging House in the Borough to which seven visits of inspection were made during the year. Another house which unquestionably comes within the definition of a Common Lodging House is also subject to routine inspection.

Offensive Trades.—Apart from the 21 premises used by fish-fryers, the five premises used by rag and bone dealers, and two premises used for the storage of rabbit skins, there is only one offensive trade carried on in the Borough, viz., that of a fat boiler; the premises are situated on the outskirts of the Borough, are provided with most modern appliances, and give rise to as little nuisance as is possible, having regard to the nature of the business; the disposal of the waste liquors is the cause of some offence, but steps are taken to avoid this as far as possible in the absence of sewers.

Houses let in Lodgings.—No steps have been taken to make Byelaws with regard to houses let in lodgings, but in view of the greatly increased number of houses now let to two or more families such byelaws would doubtless be of some service.

Slaughterhouses.—See under food.

Cellar Dwellings.—There are no cellar dwellings within the meaning of Section 71-75 of the Public Health Act, 1875.

Regulations under Section 17, Sub-Section 7, of the Housing and Town Planning Act, 1909, have been made by the Town Council for securing the proper ventilation and lighting of underground rooms ; several instances of temporary infringements of these Regulations came under notice during the year but the rooms were disused as soon as attention was called to the requirements of the Regulations. One instance in which an underground room was used both as a dwelling and as a workshop was engaging the attention of the Health Committee at the end of the year.

Schools.

The Sanitary condition of the School continues to be satisfactory. The Sanitary Inspectors visit each School once a week and inspect the lavatories and sanitary conveniences ; 582 such inspections have been made during 1920. Some difficulty arose during the period of curtailment of the water supply in securing the adequate flushing of the conveniences, but this was mitigated as far as possible by the Water Company providing a supply throughout the greater part of the day when such was possible.

No public elementary schools had to be closed during the year on account of the prevalence of infectious diseases.

Section IV Food.

- (a) Milk Supply. The Milk supply of the Borough is mainly in the hands of three or four firms of dairymen who obtain their supplies in part from the surrounding rural districts but mainly from places further afield such as Derbyshire, Norfolk, etc.; the bulk of the milk is rail borne.

Only a very small proportion of the milk consumed locally is produced in the Borough, and hence for the cleanliness of its production the inhabitants are largely dependent upon the activities of other local authorities.

The number of cowsheds, dairies and milkshops on the register at the end of the year was as follows:—

Cowsheds	...	...	...	12
Notices served on occupiers	...			1
Inspections	...	...	...	136
Dairies	...	...	...	37
Notices served on occupiers	...			3
Inspections	...	...	...	198
Milkshops	...	...	...	10
Inspections	...	...	...	57

It is to be noted that for all practical purposes the sale of milk from small general shops has been discontinued, which is not to be regretted in view of the unsatisfactory conditions under which many of these small shop-keepers stored milk.

No action was taken with regard to tuberculous milk during the year.

Milk and Cream Regulations.—The report required by the Local Government Board's Circular of 27th October, 1913, as to the administration of the Regulations is as follows:—

1. Milk and cream not sold as preserved cream.

(a)		(b).
Number of Samples examined for the presence of pre- servative.		Number in which preservative was reported to be present.
Milk	114	Nil.
Cream	Nil.	Nil.
2. Cream sold as preserved cream	{ No samples of cream or of preserved cream were submitted for analysis.	
3. Thickening substances		
4. Other observations—if any.		

Milk (Mothers and Children) Order, 1918.

During the year fresh milk to the value of £382 2s. 9½d. and 1,102lbs. of dried milk of the value of £121 1s. 8d. were supplied free in necessitous cases to expectant mothers, nursing mothers, and infants. The corresponding figures for 1919 were in the case of fresh milk £51 6s. 10½ and for dried milk £56 7s. 4d. The Maternity and Child Welfare Committee is represented on the Committee of the Southend Civic Guild of Help which enquires into the circumstances of each case ; if the Guild decides that the case is necessitous, it issues an Order on the family's dairyman whose account is submitted with the report of the Guild to the Maternity and Child Welfare Committee in due course and paid for by the Corporation upon the recommendation of the latter.

The amount of milk supplied free during the several months of the year is shown below.

Fresh Milk,	£	s.	d.	Dried Milk.	£	s.	d.
January	54	15	4½	.....	19	3	6
February	78	15	8	.....	15	3	4
March	50	6	0½	.....	11	7	6
April	16	11	7	.....	6	12	2
May	11	4	8½	.....	6	12	2
June	16	10	9	.....	8	4	8
July	21	9	7	.....	9	19	4
August	17	1	3	.....	7	3	0
September	14	15	0	.....	6	18	8
October	21	1	2	.....	6	1	4
November	32	4	7	.....	10	12	4
December	47	7	1	.....	13	3	8

In addition to the milk supplied free, a large quantity of dried milk was supplied at cost price through the agency of the Civic Guild at the Maternity Centre to parents unable to pay the ordinary charges in shops.

(b). Other Foods.

All shops in which food is sold are kept under regular supervision, particularly the shops of butchers and fishmongers; many shopkeepers immediately notify the Health Office if they suspect that any of their stocks are unfit for human consumption. In only one instance was it necessary to make any seizure of food, and in this case some tins of preserved pineapple were found in an unsound condition on the premises of a keeper of a dining room; on examination it was found that a large number of tins of a consignment purchased from the Navy and Army Canteen Board were blown, rusty, and in many instances leaking; on the attention of the owner being called to their unsatisfactory condition he at once voluntarily surrendered the remainder of the unsound tins and, in view of all the circumstances, legal proceedings were not taken against him.

The following list shows the quantity of unsound food of various kinds which was surrendered during the year; much of the meat was surrendered at slaughterhouses.

Beef.	Mouldy and Decomposed	3,468lbs.
	Bone taint	792½lbs.
	Tuberculosis	120lbs.
	Actinomycosis	71lbs.
	Abscesses	72lbs.
	Fibrositis	304lbs.
	Total	4,827½lbs.
Lamb.	Decomposed	318lbs.
	Total	318lbs.
Carcases.	Cows, (with offal)	
	Tuberculosis	5
	Septicæmia	1
	Sheep	
	Mouldy & Decomposing	18
	Dropsical	1
	Pigs, Tuberculosis	1
	Total carcasses	26

Heads.	Pigs', Tuberculosis	1		
	Bullocks'			
	Tuberculosis	1		
	Actinomycosis	2		
	Total heads		4	
Livers	Sheeps Decomposing	10		
	Bullocks', Tuberculosis	2		
	Total livers		12	
Lungs.	Bullocks'			
	Tuberculosis	2		
	Actinomycosis	2		
	Fibrositis	1		
	Total lungs.		5	
Miscellaneous.			Tinned Food.	
Bacon	Decomposed	134lbs.	Milk	298 tins
Tripe	„	16lbs.	Tomatoes	59 tins
Colonial Rabbits	„	48lbs.	Salmon	25 tins
New Zealand Cheeses	„	9lbs.	Beef	25 tins
Chocolates smashed and dirty		117lbs.	Pineapple	17 tins
Dates, Decomposed		290lbs.	Sardines	11 tins
Apples, Rotten		158lbs.	Peaches	7 tins
Pears, Over-ripe & Mildewed		166lbs.	Pilchards	5 tins
Tangerines, Rotten,	boxes	36	Pears	5 tins
Fresh Herrings	Decomposed	2bls.	Apricots	3 tins
Prawns	„	56 tins	Crayfish	1 tin
Fresh Haddock	„	14lbs.	Kipperd	
Rock Salmon	„	28lbs.	Herrings	1 tin
Kippers	„	24bxs.	Various	
Skate	„	126lbs.	Pastes	38 tins
Winkles	„	2 bags.		
Rice, dirty condition		1 bag		
Potatoes, Rotten		55 bags		
Onions	„	6½ sacks.		
Jam, Dirty		3 pots.		

Slaughterhouses.—There are nine slaughterhouses in the Borough of which two are subject to annual licence, one is licensed and the remainder are registered; one of the latter in the centre of the Borough is about to be disused on alterations to adjacent premises. One slaughterhouse was improved during the year as a result of structural alterations.

Eight hundred and thirty-eight visits of inspection were made during the year by the Sanitary Inspectors their visits being made as far as possible at the time slaughtering was in progress. On the whole the various premises are kept in a reasonably sanitary condition and only two notices of sanitary defect had to be served during the year. The slaughterhouses are situated in various parts of the Borough and are therefore difficult to supervise efficiently ; they, moreover, provide quite inadequate facilities for slaughtering ; until, however, an adequate system of meat inspection is made compulsory throughout the country and the use of private slaughterhouses can be prohibited without compensation to the owners, it is difficult to urge the provision of a public abattoir.

Slaughter Houses.	In 1914.	In Jan. 1920.	In Dec. 1920.
Registered	7	6	6
Licensed	3	3	3

The Byelaws in force applicable to slaughterhouses were made by the Town Council in 1906 and do not contain any of the clauses relating to humane treatment and slaughtering contained in the Model Byelaws issued in 1909 and revised by the Local Government Board in 1915. At the end of the year the Council had provisionally approved the adoption of the Model form of Byelaws including the provision requiring the stunning of animals prior to slaughter. It was not thought desirable to include at the present time Clause 9b which requires the use of the humane killer, but the Committee intimated to butchers and slaughtermen their intention of again taking this matter into consideration after the lapse of one year by which time it was thought local slaughtermen could become familiar with the use of the instrument through the agency of demonstrations to be undertaken by the local branch of the R.S.P.C.A.

(c) Food and Drugs Acts.

During the year, in addition to one sample of butter brought to the Health Office by the purchaser for examination and reported to contain foreign fat, 188 samples

were taken in the Borough by the Inspectors, 139 formal and 49 informal, and were submitted for analysis with the following results.

Article.	Sample.	Genuine.	Adulterated	Total	Total Combined
Milk	Formal	80	10	90	—
	Informal	33	5	38	128
Butter	Formal	10	—	10	—
	Informal	1	1	2	12
Mustard	Formal	1	—	1	—
	Informal	8	—	8	9
Margarine	Formal	5	—	5	5
Vinegar	Formal	21	5	26	26
Cocoa	Formal	4	—	4	4
Chocolate Powder	Formal	1	—	1	1
Lard	Formal	2	—	2	2
Pepper	Informal	1	—	1	1
		—	—	—	—
Total		167	21	188	188
		—	—	—	—

Formal samples 139. Informal samples 49
Total 188.

Three samples of Pineapple, one sample of flour, one sample of cockles and one sample of Colouring matter used for vinegar were submitted to the Public Analyst for a special examination as to the presence of any injurious substances, but no evidence of any deleterious admixture was found.

The following table shows the administrative action taken regarding the 21 samples reported to be non-genuine by the Public Analyst, viz:—

Name of Article.	Identification No.	Result of Analysis	Result of legal proceedings, if any, under Food and Drugs Acts.	Result of legal proceedings, if any, under any other Act.	The course adopted in regard to each sample in respect of which no legal proceedings were taken.	Information, if any, as to previous convictions.	Remarks on any point of special Interest.
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
Milk... ..	143	2.34 per cent. added water.	—	—	Informal sample, further sample taken & found genuine.	—	—
Milk... ..	144	4.5 per cent. added water.	—	—	Informal sample, further sample taken	—	—
Milk... ..	152	4.71 per cent. added water.	—	—	Informal sample, further samples taken Nos. 165 & 166	—	—
Milk... ..	155	6.67 per cent. M.F. Abstracted	—	—	Informal sample, further sample taken and found genuine.	—	—
Milk ..	156	3.50 per cent. added water.	—	—	Informal Sample, further samples taken Nos. 165 & 166.	—	—
Milk ..	165	5.53 per cent. added water.	Fined £1	—	—	—	—
Milk... ..	166	4.12 per cent. added water.	Fined £1	—	—	—	—
Malt Vinegar	206	Wholly Wood Vinegar.	Dismissed on Payment of costs 5/-.	—	—	—	—
Malt Vinegar	209	Wholly Wood Vinegar	Ditto.	—	—	—	—
Vinegar ...	212	15.7 per cent. added water.	—	—	Cautioned	—	—
Malt Vinegar	217	Wholly Wood Vinegar.	Dismissed on payment of cost 5/-.	—	—	—	—
Malt Vinegar	225	Wholly Wood Vinegar.	Ditto	—	—	—	—
Milk... ..	233	5.41 per cent. added water.	—	—	Cautioned	—	—
Milk... ..	245	10.67 per cent. milk fat abstracted & 2.71 per cent. added water.	Fined 5/-	—	—	—	—
Milk... ..	246	6.67 per cent. milk fat abstracted & 2.83 per cent. added water.	Fined 5/-	—	—	—	—
Milk... ..	247	2.35 per cent. added water.	—	—	Cautioned	—	—
Milk... ..	248	1.88 per cent. added water.	—	—	Cautioned	—	—
Milk... ..	272	11.05 per cent. added water.	Fined £5	—	—	Fined 10/- & costs in 1914.	—
Milk... ..	273	.96 per cent. added water.	—	—	Cautioned	—	—
Butter ...	294	28 per cent. Foreign Fat.	—	—	Informal Sample, further sample taken & found genuine.	—	—
Milk ..	307	12.35 per cent. added water.	Fined £5	—	—	—	previously cautioned

Section V. Prevalence of and control over Infectious Diseases.

Scarlet Fever.

The number of cases of Scarlet Fever which came under notice was 362 ; they were uniformly distributed throughout the year and no part of the Borough was particularly affected. The cases were of mild type and no deaths resulted ; 281 were removed to Hospital.

Diphtheria.

One hundred and sixty-four cases of Diphtheria were notified during the year, of which 134 were removed to Hospital. There were nine deaths.

Typhoid Fever.

Only two cases came under notice during the year, viz., a seaman, aged 17, who arrived at his home from East Africa, and a few days later sickened with the disease, and a woman, aged 50, who became ill fourteen days after consuming mussels which had been collected from the 'Thames' foreshore at Marsh End, Canvey Island ; the mussels in the latter case had been sold in contravention of the Public Health (Shellfish) Regulations prohibiting the sale to the public of shellfish collected from this portion of the Thames Estuary without prior sterilization ; the attention of the Port of London Sanitary Authority was called to the case and a warning letter sent to the street vendor in question.

The striking immunity of the Borough from the incidence of Typhoid Fever in recent years is remarkable and shows the wisdom of the action of the Council in 1909 in taking steps to prohibit the indiscriminate collection for sale to the public of shellfish from the 'Thames' foreshore in the vicinity.

Malaria.

The number of notifications of Malaria received during the year was 48, of which five were re-notifications of cases previously notified ; in each instance the patient was suffering from a relapse of the disease contracted abroad either whilst on military service or resident in countries in which the disease is endemic. No instance of Malaria contracted in this country came under notice.

Dysentery.

The two cases of dysentery notified were patients who had suffered from the disease whilst on Military service ; they had been notified in previous years and were merely suffering from a slight exacerbation of the chronic diarrhoea to which patients who have had severe dysentery are liable.

Trench Fever.

The case of Trench Fever which came under notice was an ex-service man who originally developed the disease in 1918 whilst in the Army and came to reside in the Borough in October, 1920 ; enquiries showed that he was subject to recurrent attacks of pyrexia and pains and beyond ascertaining that neither he nor those residing in the same house were infested with body lice, no administrative action was called for seeing that he was under skilled medical treatment.

Cerebro Spinal Meningitis.

No case came under notice during the year.

Pneumonia.

One hundred and twenty-six cases of Pneumonia were notified during the year, 45 of which were fatal. Visits were made by the Health Visitors to 44 of the patients eight of whom they home nursed, the total number of visits paid by them being 186.

Encephalitis Lethargica.

Two notifications of this disease were received during the year, particulars of the cases being as follows :—

- (1) Mrs. S., aged 40, notified September 29th, died October 3rd. Arrived from New Zealand August 2nd. Had been ill for 17 days on boat suffering from Influenza. On August 16th consulted a local doctor for a cough ; cough continued troublesome till September 17th when she took to her bed. Then had pyrexia. temperature 101 degrees, but cough disappeared. On September 19th vomited all night and had some headache ; on following day she had partial aphasia ; she continued in this condition till September 22nd when she became drowsy ; headache disappeared on September 24th, removed to a Nursing Home on September 25th and drowsiness increased until on September 28th she was almost comatose ; ptosis of left eye and a left internal squint were noticed on September 29th ; she suffered from retention of urine, coma gradually became deeper and she died on October 3rd. Diagnosis confirmed by a London Specialist on September 27th.

- (2) J.B., youth aged 16½, a wheelwright employed in London. Last went to work on December 7th. Had not been looking well for two or three weeks. On December 3rd and two following nights had insomnia; on December 6th had malaise, breathing was sighing and was taken to family doctor. On following day on waking complained of double vision, the images being lateral, went to work but had to return home. Became very drowsy and had delirium at night. Had slight pyrexia with irregular clonic spasms of limb muscles, first noticed by parents on December 9th. The drowsiness and irregular twitchings of muscles of limbs and of abdomen continued for a week, then gradually disappeared, the patient four weeks later regaining his usual health. There was no rash, retention of urine or visible paralysis, although the levatores palpebrarum were very weak and he was unable to screw up his eyes.

Two other cases which were not notified but which were also probably cases of encephalitis also came under notice, particulars of which are as follows:—

- (3). F., aged 46. Had been ill for ten days with malaise, had gradually become disinclined for exertion and drowsy and had complained of diplopia, was rational when spoken to but quickly relapsed into a drowsy condition; mind wandered at night; had paralysis of right external rectus and complained of double vision; had irregular clonic spasms of limbs and abdominal muscles. She gradually became more drowsy, increasing to coma, had retention of urine, and died on September 14th, fourteen days after onset.
- (4). A youth aged 11 seen on December 22nd had had giddiness, malaise and insomnia since December 11th; developed slight pyrexia on December 15th; this continued and for some days he was very drowsy, falling asleep whilst engaged in a conversation. There was no definite paralysis but the slight diplopia, the readiness with which he relapsed into sleep whilst being spoken to, the drooping eyelids, and his whole physiognomy suggested the probability of the disease being a mild attack of encephalitis. He gradually recovered and when seen three weeks later had regained his usual health.

Three other cases seen at later stages of their illness gave a history which made a diagnosis of encephalitis lethargica extremely probable and there is every reason to believe that many mild cases have escaped observation.

Tuberculosis.

During the year notifications on Form A of 185 new cases of Pulmonary Tuberculosis and 59 cases of Non-Pulmonary Tuberculosis were received as compared with 219 and 46 respectively in the preceding year. As in former years very nearly 50 per cent. of the cases were instances of imported infection. Particulars as to the ages and sex of those notified are shown below.

Summary of Notifications during the period from the 4th January, 1920, to the 1st January, 1921,
in the County Borough of Southend-on-Sea.

Age periods in years.		NOTIFICATIONS ON FORM A.										
		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and Upwards
Pulmonary Males	...	—	—	5	1	6	13	29	27	12	2	1
" Females	...	—	1	5	4	12	9	26	21	8	2	1
Non-Pulmonary Males	...	1	3	16	4	2	2	4	3	—	—	—
" Females	...	—	4	6	6	1	3	—	1	1	2	—

Total Primary Notifications	...	Total Notifica- tions on Form A.	NOTIFICATIONS ON FORM B.				NOTIFICATIONS ON FORM C.	
			Number of Primary Notifications.				Poor Law Institutions.	Sanatoria.
			Under 5	5 to 10	10 to 15	Total Primary Notifications on Form B.		
96		106	—	—	—	—	2	33
89		96	—	—	—	—	6	14
35		38	—	3	—	3	—	1
24		24	—	—	1	1	—	1

The requirements as to notification by medical practitioners are in general complied with although many instances still occur in which medical practitioners are reluctant to diagnose Pulmonary Tuberculosis until the occurrence of an attack of hæmoptysis, the presence of tubercle bacilli in the sputum or the appearance of definite signs of consolidation or breaking down of the lung renders the diagnosis indisputable ; many medical men, however, invite the opinion of the Tuberculosis Officer or other consultant on any cases in which there is a reasonable possibility of the disease being tuberculous, but this attitude towards the doubtful case is not as general as could be wished.

The following statement by the Tuberculosis Officer is drawn up in the form required by the Ministry of Health :—

(I). *Provision of Dispensary and Institutional Treatment.*

There is one Tuberculosis Dispensary in Clarence Street, Southend-on-Sea, and one Tuberculosis Officer (Dr. G. N. Meachen) in charge thereof, who is assisted at the Dispensary by one whole-time Dispensary Nurse. At present the Town Council retains at three institutions beds for the reception of patients requiring Sanatorium treatment, viz., three male beds at the Royal National Sanatorium, Benenden, three male beds at Maltings Farm Sanatorium and five female beds at Merivale Sanatorium, additional beds being retained at these or other sanatoria when necessary.

In addition the " Allen " Block at the Borough Sanatorium for infectious diseases has been available since 3rd March, 1920, twelve beds being provided for the reception of advanced cases of pulmonary tuberculosis in males. Since this accommodation has been available 44 persons have been admitted, and to this extent dangerous foci of infection have been removed from their homes. The Tuberculosis Officer is responsible for the treatment of the patients in this Block.

(II). *The Nature and extent of co-operation with general and special hospitals, school clinics, and other Institutions.*

A few cases of tuberculous disease of joints are referred to general hospitals either the local Victoria Hospital or London Hospitals. The Rochford Poor Law Hospital has been utilised for the reception of several cases of pulmonary tuberculosis for whom it has been found impossible to provide other institutional accommodation. Any case of suspected or actual tuberculosis, pulmonary or non-pulmonary, among school children is at once referred by the School Medical Officers to the Tuberculosis Officer who then takes necessary action. Cases of Lupus suitable for Finsen Light treatment are referred to the London Hospital, the Corporation being responsible for the payment of the usual charge, viz., 3/6 per attendance; only two children were thus dealt with during the year, 36 attendances being paid for by the Corporation.

(III.). *Arrangements made to secure the co-operation of Medical practitioners and the working of the arrangements for periodical reports on insured patients under domiciliary treatment.*

As far as possible, the Tuberculosis Officer's first visit to the homes of a notified tuberculosis patient or of a patient suspected to be suffering is made in company with the family doctor and he also endeavours to meet the family doctor in consultation when the latter is preparing his quarterly report. On the whole it may be said that a close co-operation exists between the Tuberculosis Officer and the medical practitioners, the majority of whom readily invite his opinion on doubtful cases.

(IV.). *Arrangements for following up cases where the diagnosis is doubtful.*

In cases where the diagnosis is doubtful the patient's own medical attendant is communicated with so that he or she may be kept under observation either by the doctor or by the Tuberculosis Officer, or by both, until the diagnosis has been established.

(V.). *Arrangements for securing the examination^{*} and systematic supervision of "home contacts."*

Every new case is visited by the Tuberculosis Officer or Dispensary Nurse personally, except in such cases where the former receives an intimation from the patient's own medical attendant that such a visit is unnecessary, i.e., where home surroundings are good, as in a first class residential locality. In any case every effort is made to secure the examination of all "contacts" and "suspects" either at the home or at the Dispensary. If any such show doubtful signs of disease they are kept under observation until the question is settled. Three hundred and nineteen visits were made in the Borough during the year by the Tuberculosis Officer, 390 by the Dispensary Nurse and 922 by the various Health Visitors who are responsible for the home visiting, in the area of the Borough to which they are allocated, of Tuberculosis patients, reporting to the Tuberculosis Officer from time to time as may be necessary.

(VI.). *Information as to special methods of diagnosis and treatment in use and the number of persons to whom these special method have been applied.*

No special methods of diagnosis are employed, but tuberculin has been administered during the year to nine persons by the Tuberculosis Officer. The preparation employed was P.T.O., followed by P.T., and T. In two other instances detoxicated tubercle vaccine was employed, but without appreciable effect upon the course of the disease.

(VII.). *Results of local experience as to the relative value of each form of treatment.*

Oil and Malt, Virol, Parrish's Food, and other appropriate medicines have been given to patients attending the Dispensary where these have not been provided under domiciliary treatment, and in the case of weakly and needy children the results have justified their administration. In certain cases inhalations of creosote from a mask have been ordered, whilst in others distinct benefit has resulted from hormonotherapy.

(VIII.). *Nature and extent of any Dental treatment provided by the Council for Tuberculosis patients.*

Dental treatment is provided through the local War Pensions Committee in the case of ex-Service men attending the Dispensary when certified by the Tuberculosis Officer to be necessary. Arrangements have recently been made whereby other necessitous persons may receive dental treatment (other than the provision of dentures) from the Corporation's Dental Surgeon at the School Dental Clinic, but no such cases had at the end of the year been referred for treatment by the Tuberculosis Officer.

(IX.). *Arrangements for the provision of nursing or of extra nourishment for patients living at home.*

No arrangements are available for the nursing of Tuberculosis patients at their homes. Extra nourishment is provided by the Southend Insurance Committee to insured patients suffering from Tuberculosis when, in the opinion of the Tuberculosis Officer, such extra nourishment is ancillary to treatment and the patient is necessitous; during 1920 extra nourishment, two pints of milk and one egg daily, have thus been supplied to seven insured patients by the Insurance Committee at a cost of £89 18s. 8d. Milk has been supplied by the Town Council under the Milk (M. and C.) Order to a few young children under five who have been in attendance at the Tuberculosis Dispensary for treatment for tuberculous disease of Bones, Glands, Peritoneum, etc.

(X.). *Arrangements for treating Non-pulmonary Tuberculosis especially tuberculosis of bones and joints in adults and in children, and for the provision of surgical apparatus, etc.*

Cases of Non-pulmonary Tuberculosis are referred if necessary to a general hospital; in cases in which special apparatus is found requisite, this latter is provided by the Council in necessitous cases. During the year only two cases were sent to residential institutions for non-pulmonary tuberculosis, the remaining cases not requiring special treatment in a general hospital remaining under the medical supervision of their own doctors or attending at the Dispensary for observation by the Tuberculosis Officer.

(XI.). *The arrangements for "care" and "after care" and their working.*

Up to the present no special arrangements have existed for "Care" or "After Care" although the Southend Civic Guild of Help performs very useful work in helping Tuberculosis patients particularly as regards assisting financially the dependents of patients during the latter's stay in sanatoria, providing extra milk for necessitous non-insured persons, lending water beds and other necessary nursing requisites, etc., for advanced cases remaining at home, etc. The "After Care" of tuberculous patients in this Borough is beset with difficulties owing to the constant influx of new patients whose working capacity even on arrival is already seriously reduced and whose families soon become necessitous.

(XII.). *Particulars as to any local arrangements for finding employment for patients.*

No organised arrangements exist, at present, for finding employment for patients although every endeavour is made to secure employment for suitable cases in the many outdoor occupations available during the summer season; considerable difficulties arise, however, in this connection, particularly in view of the large number of imported cases who take up residence in the town as a result of their breakdown in health many of whom are already unable to do a reasonable day's work.

(XIII.). *Statement as to the supply and supervision of shelters at the homes of patients.*

In suitable cases in which it is advisable in the interests of the patient or his household and in which garden space is available at the rear of their homes, a shelter is provided on loan by the Council. At the present time two such are in use in the Borough, and these are inspected periodically by the Tuberculosis Officer.

(XIV.). *Any special points noted locally as to the incidence of Tuberculosis (e.g., Occupation).*

The Borough of Southend-on-Sea is a particularly healthy place to live in from the point of view of the consumptive, and apart from brick-making which is not an unhealthy occupation there are no industries; it cannot therefore be said that there exists any group of workers resident within its confines that is especially liable to contract tuberculosis.

(XV.). *Any special methods adopted or proposed for the prevention of Tuberculosis.*

Notwithstanding the difficulties already referred to, it may be possible hereafter to establish a complete system of "Care" and "After Care" and also to carry out some definite anti-tuberculosis measures, such as educational propaganda by means of lectures. The Education Committee have already recognised the necessity of providing open-air schools for the education of the numerous

delicate children whose parents take up residence in the Borough owing to their impaired health and more particularly attention is now being bestowed on the ill-nourished child suspected to be pre-tuberculous.

(XVI.). *Special difficulties encountered.*

When the Council's new Tuberculosis Hospital, the site for which has been secured and plans submitted, is built one difficulty will be removed, viz., that of finding adequate accommodation for all the cases of tuberculosis that need in-patient treatment and it is hoped that the present economic restrictions may soon disappear so that this important part of the Council's scheme for dealing with tuberculosis may be completed.

As will have been realised from the foregoing the great difficulty experienced in the Borough is the " imported " case, i.e., the constant influx of consumptives who take up residence in the Borough either on their own initiative or on the advice of their doctors owing to a breakdown in their health. The majority of these patients are of the poorer classes and many even upon arrival are too ill to work, with the result that they and their families soon become dependant on charity for their support. On account of their impoverishment they and their families are only able to rent two or three rooms and hence adequate precautions against spread of infection are impossible ; moreover the inability to obtain adequate nourishment renders the other members of the family more prone to infection. At the end of the year no fewer than 1,170 persons suffering from Tuberculosis, 1,008 being cases of disease of the lungs, were known to be residing in the Borough, of whom over 50 per cent. had contracted the disease prior to taking up residence in the town.

Tuberculosis is a national problem and should be dealt with on national lines ; it is unfair to expect that one local authority should have to undertake the care and maintenance of tuberculous patients recently arrived from other areas in which they may have been long resident and in which they have acquired the disease through a failure on the part of the public health authorities concerned to protect them ; the expense incurred by local authorities in providing adequate treatment and care for tuberculous patients either should be a national charge or be a charge on the various areas in which the patient has resided in proportion to the length of residence in each area. The time, moreover, has arrived when local authorities able to provide institutional treatment for advanced cases of pulmonary tuberculosis should be given powers to remove to and detain in hospital patients who are unable or unwilling to

live under conditions not fraught with danger to their fellow residents. What can be said in favour of a system which permits of a tuberculous soldier and his family in receipt of an adequate pension from the State living in two rooms, the patients absolutely refusing to adopt even the most elementary precautions to avoid infecting his wife and children. The whole position at present is most unsatisfactory and the very great expenditure incurred in the provision of Tuberculosis Dispensaries and of Sanatorium treatment is in the main wasted ; at any rate, it can be safely said that as regards this Borough at least, the expenditure charged to the Tuberculosis Account except, perhaps, that in respect of the maintenance of advanced cases under treatment in the Allen Block at the Borough Sanatorium is less productive of benefit to the community than any other.

Sanatorium Treatment.

The number of patients who received Sanatorium treatment at the expense of the Corporation during 1920 was 47 as shown in the table below.

	Insured.		Non Insured.		Total.		Grand Total
	Males.	Females.	Males.	Females.	Males.	Females.	
Remaining on 1st January ...	8	4	—	—	8	4	12
Admitted during 1920 ...	14	11	3	7	17	18	35
Discharged during 1920 ..	20	12	1	5	21	17	38
Remaining on 31st Dec., 1920	2	3	2	2	4	5	9

Of these, 16 patients were treated at Merivale Sanatorium, 15 at Benenden Sanatorium, seven at Maltings Farm, one at King Edward VII Sanatorium at Midhurst, one at Grosvenor Sanatorium, one at Brompton Hospital, one at St. Peter's Memorial Home, Mayberry Hill, one at St. Anthony's Hospital, Cheam, one at East Anglian Children's Sanatorium and three at Harpenden Children's Sanatorium.

Insured Persons.

On December 31st, there were 202 insured persons receiving Sanatorium treatment, 97 having been granted treatment at the Dispensary, 81 being in attendance at the Dispensary for observation, 11 were receiving domiciliary treatment, five were in Sanatoria and eight were in hospital. During the year 576 reports on patients

were submitted to the Insurance Committee. Fifty-seven new applications for Sanatorium benefit were received during the year, 14 of the patients being admitted to Sanatoria, 24 being granted treatment at the Dispensary, eight referred for observation at the Dispensary, six were granted domiciliary treatment, three were admitted to hospital, and two died before their applications had been considered by the Committee, having in the meantime received domiciliary treatment.

Tuberculosis Dispensary.

The total attendances at the Dispensary were 6,479, of which 3,748 were made by insured persons ; 596 were attendances made by patients from the County Council area.

The number of persons who attended the Dispensary for the first time during 1920 was 292 ; of these 103 were found to be suffering from pulmonary Tuberculosis, 49 had non-pulmonary Tuberculosis, in 68 Tuberculosis was suspected and the patients referred for observation, while 72 were found not to be suffering from Tuberculosis.

Ex-Service Men.

At the beginning of the year there were 142 Service men on the Dispensary books and 58 came under observation for the first time making a total of 200 ; of these 16 had treatment in Sanatoria, 17 had treatment in Hospitals and other Institutions for advanced cases, one had treatment in a special hospital 110 were recommended for treatment at the Dispensary, 47 attended the Dispensary for observation and eight had Domiciliary treatment. There were 17 deaths during the year and 18 men left the Borough permanently with the result that on 31st December, 1920, the number of tuberculous ex-service men resident in the Borough was 165. The Dispensary Nurse paid 280 visits to homes of ex-service men out of a total number of 390 visits.

Venereal Diseases.

The Council's Scheme provides for the establishment of a treatment Centre at the Borough Sanatorium for Infectious Diseases, the disused Nurses' Home being devoted to this purpose a suitable treatment room with waiting rooms and four single bedded wards being thus available. Pathological Specimens are sent to the Professor of Bacteriology at King's College, London, for examination, but specimens from patients under treatment at the Centre are also examined for the Gonococcus and for the Spirochaeta Pallida at the Laboratory of the Borough Sanatorium.

During the year the Centre has been open for examination and treatment of patients as under :—

Sunday 10 a.m. to 12.30.	Male and female patients.
Tuesday 10 a.m. to 12.30.	Female patients.
7.30 p.m. to 9.30 p.m.	Male patients.
Wednesday 2 p.m. to 5 p.m.	Male and female patients.
Friday 7.30 p.m. to 9.30 p.m.	Male patients.

and new patients and those who could not attend on the regular days were seen at 10 a.m. any morning including Sunday, which latter day is, moreover, found to be the most convenient day for salvarsan injections so far as many of the patients were concerned.

The following table shows the number of patients who received treatment at the Centre and the number of attendances during the year.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Veneral.		Total.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1 No. on Register on 1st January, 1920 ...	42	22	...	...	36	14	...	1	78	37
Re-admitted ...	...	1	.	...	4	3	...	..	4	4
2 New cases dealt with during 1920—										
Syphilis only ...	57	27	...	...	...	...	...	...	57	27
Soft Chancre only ...	...	...	1	...	...	...	...	...	1	...
Gonorrhœa only ...	...	...	...	...	67	31	...	...	67	31
Syphilis & soft Chancre ...	...	...	..	..	...	—	...	...	...	...
Syphilis & Gonorrhœa ...	...	1	...	...	...	1	...	...	...	2
Gonorrhœa & soft Chancre ...	...	...	1	...	1	...	...	...	2	...
Syphilis, soft Chancre and Gonorrhœa ...	...	...	...	...	...	...	...	...	...	...
Non-Venereal ...	...	...	...	...	...	...	44	21	44	21
Total—Item 2 ...	57	28	2	—	68	32	44	21	171	61
Total—Items 1 & 2	99	51	2	...	108	49	44	22	253	122
3 No. of patients who ceased to attend... ..										
(a) Before completing a course of treatment	6	...	...	...	20	4	...	...	26	4
(b) After completion of a course of treatment, but before final tests as to cure of ..	19	9	...	...	25	3	...	...	44	12
4 Number of persons transferred to other treatment Centres after treatment for	15	4	2	...	6	1	...	.	23	5
5 Number of persons discharged from the Out-patient Clinic after completion of treatment and observation for ...	1	1	...	...	28	23	...	...	29	24
6 Number of persons who, on the 1st January, 1921, were under treatment or observation for	58	37	...	...	29	18	...	...	87	55
Total Items—3, 4, 5, & 6	99	51	2	...	108	49	...	...	209	100
7. Total attendances of all persons at the Out-patient Clinic who were suffering from	944	638	64	...	4,335	1,013	100	39	5,443	1,690
8 Aggregate number of "In-patient days" of treatment given to persons who were suffering from	...	18	...	...	...	...	...	...	...	18

9. Pathological examinations.

		For detection of			For Wasserman re-action	
		Spirochaetes	Gonococci	Other Organisms		
(a) Specimens examined at and by Medical Officer of the Centre		9	296	—	...	
(b) Specimens from patients at centre, examined at Bacteriological Laboratory at King's College ...		5	—	—	279	

County or County Borough in which patient usually resides	Southend-on-Sea	Essex	London	Kent	Lincoln-shire	Birken-head	Wilts.	Herts.	Total
A—No. of persons from each area dealt with during the year at or in connection with the Out-patient Clinic for the first time and found to be suffering from :	Syphilis	65	19	—	—	1	—	—	85
	Soft Chancre	—	—	—	1	—	1	—	2
	Gonorrhœa	87	7	4	1	—	1	—	100
	Conditions other than Venereal	58	5	1	—	—	—	1	65
Total...	210	31	5	2	1	1	1	1	252

B—Total number of attendances at the Out-patient Clinic of all patients residing in each area ...	6445	562	47	63	12	2	1	1	7133
C—Aggregate number of "In-patient days" of all patients residing in each area	18	—	—	—	—	—	—	—	18
D—Number of doses of Salvarsan substitutes given in the :									
1 Out-patient Clinic	372	91	—	—	7	—	—	—	470
2 In - patient Dept. to patients residing in each area.	—	—	—	—	—	—	—	—	—

The Salvarsan substitute used was Novarsenobillon, seven doses constituting the usual full course, although in the majority of cases several such courses at intervals are necessary. Sixty-six of the persons who were dealt with for the first time in 1920 received

novarsenobillon, the latter being used as a routine in all primary and secondary cases in which no contra-indication existed. No ill-results were detected following its administration except in one instance in which a female patient six weeks after completion of a course of injections developed acute general eczema which may or may not have been attributable to the arsenical treatment ; she was admitted to the wards and rapidly recovered being discharged cured after twelve days' stay.

Facilities for Irrigation.

A nurse for women patients and an attendant for male patients are in attendance each day at the Centre ; the former is constantly available while the latter attends between 7 a.m. and 8 a.m. and again between 7 p.m. and 8 p.m. Patients who prefer so to do are encouraged to attend the Centre for the necessary irrigations and this has been made use of extensively, particularly by the male patients, no fewer than 2,771 such attendances having been made by men during the year and 243 by female patients.

No patient who has exposed himself to infection has presented himself for "early treatment," and experience shows that it is futile to expect them to do so.

Administration of Salvarsan Substitutes.

Only one medical practitioner in the County Borough is qualified to receive free supplies of salvarsan substitutes, but during the year only four doses, 2.25 grams in all, were issued to him.

Pathological Examinations.

The following table shows the number of specimens sent to King's College Bacteriological Laboratory by private practitioners during the year :—

For detection of Spirochaetes	...	...	1
For detection of Gonococcus	...	...	1
For Wasserman Reaction	...	...	26
For detection of Spirochaetes in Placenta			1

Venereal Disease Propaganda.

A local branch of the National Council for combating Venereal Diseases was established in April, 1919, and at the end of the year decided on a definite programme of work which included the following :—

- (1) Exhibition of the film, "The End of the Road," at a local picture hall or at the Hippodrome on a Sunday afternoon (and evening if possible), the performance to be free and the lecture to be given by a paid lecturer sent by the National Council.
- (2) Exhibition of the film, "The End of the Road," at three commercial houses in different areas of the County Borough.
- (3) A course of eight lectures to social workers and teachers of Council and Private schools by specialist lecturers nominated by the Central Council.
- (4) An address at six schools to the mothers of school children by a specialist lecturer, preferably Dr. Victoria Bennett, and six
- (5) addresses in schools to the fathers of school children by a specialist lecturer.
- (5) A series of addresses by local workers, preferably doctors, at the local Maternity Centre, to women's organisations, Sunday School Teachers, etc. It was intended that twelve such addresses should be given.
- (6) Exhibition of posters.
- (7) Distribution of literature.

The cost of carrying out the propaganda was estimated to be £75, and the Town Council, with the approval of the Ministry, made the necessary grant. Subsequent events interfered with the carrying out of the first item of the propaganda and an alternative arrangement was adopted, by arrangement with the proprietors of the local Rivoli Picture Theatre at which there were 18 commercial showings of the film commencing August 16th, five minutes' addresses being given by representative local speakers prior to each showing on the nature and importance of the campaign against Venereal Diseases.

In June and July a course of lectures to social workers was given by representatives of the National Council as also a series of lectures to mothers ; these were a great success the audiences surpassing all anticipations. The propaganda for the year was brought to a close by two lectures on a Sunday in November to mothers only and to girls only respectively by a woman speaker nominated by the National Council and by two lectures on a Sunday in December to boys only and to men only respectively by a male speaker nominated by the National Council. The expenses of these lectures were defrayed out of a fund voluntarily subscribed during the course of the lectures to social workers earlier in the year.

Much of the undoubted success which attended the propaganda campaign is to be attributed to the untiring energy and enthusiasm of the Honorary Secretary of the Committee, Mr. S. F. Body, who, at my request, has furnished me with the following remarks.

“ There seems to be a general expression of opinion that the propaganda carried out by the Committee has been successful and has effectively stirred public opinion and disseminated valuable information in connection with Venereal Diseases and their effects which should have a very high preventive value as well as tending toward the eradication of the disease in the Borough by calling attention to proper methods of treatment, etc.

“ If I may be permitted to express a personal view, however, I would suggest that an appreciable interval should now occur before the Committee attempt any further propaganda, lest there be a danger of alienating the sympathy and co-operation of religious and educational bodies who tend to exhibit signs of weakening interest owing, one presumes, to the reiteration of an unsavoury subject.

“ I do think, however, there is excellent scope for useful work if the educational authorities can be induced to co-operate with lecturers approved by the National Council for addresses to be given to school children and adolescents. My experience is that there is far too much squeamishness and false modesty on the part of both parents and teachers in not allowing their children to approach biological subjects relating to the facts of human life. Until this stupid indefensible position is broken down, the local Committee will have difficulty in propagating knowledge so vital to the interests of children and the future of the race.”

Section VI. Maternity and Child Welfare.

(1) The Midwives Acts.

Practising Midwives.

Twenty midwives notified their intention during the year to practise within the County Borough but of these three did not attend any cases, three attended one case only, two attended two cases only, and the remainder attended as follows:—

Under 10 cases	2
Between 10 and 20 cases	3
Between 20 and 30 cases	1
Between 30 and 40 cases	1
Between 40 and 50 cases	1
Between 80 and 90 cases	2
Between 150 and 160 cases	1
Between 160 and 170 cases	1

three midwives removed from the Borough during the year and consequently there were only 18 in practice on the 31st December.

All the midwives with two exceptions are trained. Each portion of the Borough is adequately supplied with midwives. Midwives were in attendance in 666 cases of the 1891 births or stillbirths known to have occurred in the Borough.

The mode of practice of each midwife was inspected at least once during the year those engaged in substantial practice being visited routinely once a quarter. Thirty-nine routine visits were paid during the year and five special visits and these inspections showed that the rules of the Central Midwives Board were being complied with ; it was not necessary to report any midwife to the Central Midwives Board during the year for failure to comply with their regulations.

Medical Aid for Midwives.

Medical aid was sought by midwives in accordance with the Regulations of the Central Midwives Board upon 149 occasions, a percentage of 22 ; the two midwives, both trained, who undertook over 100 cases sent for medical aid in 22 per cent. and 30 per cent. of their cases respectively ; the two untrained midwives who attended 90 and 28 cases respectively sought medical aid in 6.6 per cent. and 14 per cent. respectively. The circumstances which pointed to the necessity for medical aid in the 149 cases were as follows, viz. :—

Conditions of Infant—

Prematurity, debility or congenital defects	18
Pemphigus Neonatorum	5
Sore Navel	1
Icterus Neonatorum	1
Hæmatemesis	1
Convulsions	1
Ophthalmia Neonatorum	23
Stye on eye	1..... 51

Maternal Condition :.

During Pregnancy—

Antepartum Hæmorrhage	3
Severe Abdominal pain	3
Miscarriage and Premature Labour	3
Oedema	1..... 10

During Labour—

Presentation unknown	1	
Difficulty or obstructed labour	26	
Perineal tear	36	
Hæmorrhage	6	
Retained placenta	8	
Eclampsia	2....	 79

During Puerperium—

Pyrexia	3	
Rapid pulse	1	
Convulsions	1	
Prolapse	1	
Pain in labia	1	
Fainting fits	1	
Ulcerated leg	1.....	9

—
149
—

In addition, the following notices were received from Midwives, pursuant to the Regulations of the Central Midwives Board.

Notice of artificial feeding	9	
Notice of still births	10	
Notice of death before arrival of medical aid	2	
Notice of having laid out a dead body	2	
	—	
	23	
	—	

In 22 instances in which medical aid was sought by midwives, the fees of the doctors were in accordance with the Midwives Act, 1918, paid by the Corporation. Each case was investigated by the Southend Civic Guild of Help who, in 13 cases advised that the patient was necessitous and that the relatives should not be asked to make any contribution towards the expense incurred ; in one case the patient moved and could not be traced ; in the remaining cases the relatives were required to contribute as under, viz. :—

Five were required to pay the whole of the fee, viz., fees of £2 2s. 0d., £2 2s. 0d., 11/6, 7/-, and 3/6.

Two were required to pay 10/6 each towards a fee of one guinea, and

One to pay £2 towards a fee of £3 3s. 0d.

The total cost of the provision of medical aid for midwives was £29 13s. 6d. as compared with £11 3s. 0d. in 1919. Of the £8 7s. 0d. which the relatives were required to contribute £5 5s. 0d. had been paid by the end of the year.

(2) Work at the Maternity Centre and of Health Visitors.

The Maternity Centre continued to be held on the afternoons of Tuesday and Thursday in each week at the Westcliff Institute, London Road, Westcliff-on-Sea, until October, when the Centre was removed to more suitable premises at St. George's Hall, attached to St. George's Presbyterian Church, Park Road, Southend-on-Sea. Since May, the Centre has also been opened on the afternoon of the first Wednesday in each month as an ante-natal clinic.

The ordinary sessions of the Maternity Centre have been very largely attended as shown by the following figures:—

No. of times Maternity Centre was open 104

No. of individuals who attended:—

Infants	545
Children under five	451
Expectant mothers	171
Nursing mothers	627
Other mothers	151
	—
Total ...	1,945
	—

Total attendances at Centre:—

Infants and young children	8,402
Expectant mothers	578
Nursing mothers	6,104
Other mothers	1,954

The special Ante-natal clinic has also been largely attended, the majority of the 578 attendances which were made by the 171 expectant mothers during the year being on the eight occasions in which the Centre was specially held as an Ante-natal Clinic.

The Maternity Centre was inspected by one of the Medical Officers of the Ministry of Health in October last and arising from her report, the Maternity and Child Welfare Committee were at the end of the year considering the provision of additional centres at Leigh and Southchurch respectively in order to relieve the pressure on the existing centre and to provide for the needs of the outlying portions of the Borough.

The work carried out at the Centre continues of the same character as before ; infants and young children are weighed at regular intervals ; simple addresses are given by the Medical Officer to mothers on the care and management of infancy and childhood ; practical demonstrations in simple home nursing are given by the Health Visitors ; classes in needlework in which particular attention is paid to the making of infant's clothing are conducted ; the classes in simple domestic cookery had to be discontinued during the year owing to difficulty in securing the services of a trained instructress. All infants are medically inspected by the Medical Officer once every three months, delicate or wasting infants being examined more frequently ; older children are routinely medically inspected twice during their second year, and once a year until reaching the age of five. At the end of the year the Maternity and Child Welfare Committee had decided, subject to the sanction of the Ministry of Health, to provide treatment for young children suffering from squint at the Education Committee's eye clinic and to provide dental treatment (other than the provision of dentures) for necessitous expectant mothers and young children at the School Dental Clinic.

Notification of Births Act.

There were received during the year 1,843 notifications, 45 being of still births and 18 duplicate notifications of births in the Borough, 980 notifications being by doctors, 662 by midwives, and 201 by parents or other persons ; in the latter cases, a medical man was in attendance at the birth in 196 cases and midwives in two cases, and in three cases unqualified women who, as they do not " habitually and for gain " practise as midwives were not infringing the Act by thus attending.

No notification was received in 48 cases, 43 of which were attended by doctors, four by midwives, and in the remaining case there was no one in attendance. Failure to comply with the requirements of the Act occurred in 2.5 per cent. only of the births as compared with 3.2 per cent. in 1919 ; in each instance a com-

munication was sent to the person who had failed to notify calling attention to the requirements of the Act but, as in most cases, the omission was due to inadvertence or to ignorance of the law no prosecution was instituted in any of the cases.

Work of Health Visitors.

At the beginning of the year the two nurses who acted as Health Visitors devoted their whole time to maternity and infant welfare work, but on 1st April the work of the nursing staff was re-arranged, the office of school nurse was abolished, and the six nurses were appointed Health Visitors each being assigned a school district and carrying out in her area all the work arising therefrom including the duties of school nurse, maternity and child welfare work, the home nursing of measles, the domiciliary visiting of cases of tuberculosis and the routine supervision of the feeble-minded. The following statistics relate to their work in connection with the Maternity and Child Welfare Scheme of the Council:—

No. of live births notified	1,798
No. of infants noted for visiting (including new arrivals from other towns)	1,597
No. of infants visited	1,570
No. of visits to infants under one year	4,540
No. of visits to children between one year and five years of age	785
No. of expectant mothers visited	188
No. of visits to expectant mothers	425
No. of attendances at infant clinics	381
No. of attendances at ante-natal clinics	20

Infectious diseases. No. of visits, etc., to—

Disease.	No. of cases. visited.	No. of cases. home-nursed.	No. of visits.
Ophthalmia Neonatorum ...	37	13	110
Puerperal Fever ...	15	3	52
Measles	67	6	92
Whooping Cough	44	—	55
Poliomyelitis	4	—	15

Of the 1,505 infants visited as a result of receipt of notification of birth, the number found to be artificially fed within the first six months of life was (a) from birth 111, (b) breast fed at first but artificially fed later, 212.

Maternity Hospital.

The rules of the local Victoria Hospital forbid the admission of women advanced in pregnancy and the nearest hospitals at which maternity cases are received are those in London. The Council's scheme provides for the payment for the maintenance and treatment of necessitous expectant mothers who require hospital treatment either for serious complications of pregnancy or for difficult parturition ; owing, however, to the dislike of women to be away from their friends at such times and also to the difficulty of obtaining accommodation at London Hospitals when required, this provision has not been made use of.

Many cases have come under notice during the year in which women, owing to the limited accommodation available at their homes and the overcrowded condition of the latter as a result of the housing shortage, have had to make arrangements to be confined elsewhere than at their homes ; the Voluntary Visitors of the Maternity Centre have, out of their Voluntary Funds, assisted necessitous women in such circumstances to pay for their confinement to take place at the homes of midwives, a fee of ten guineas per case being paid to the latter, this being inclusive of charges for board and lodging for 14 days, midwife's fee, and all other services other than personal laundry.

At the end of the year the Maternity and Child Welfare Committee had the question of the provision of a Maternity Hospital under consideration, but while expressing the opinion that such a Hospital was increasingly needed in the Borough, they reported that it was at the present time impossible to make any such provision ; no premises are available in the Borough which could be acquired or leased and adapted for the purpose while economic conditions forbid for the time being the erection of a new hospital. The question has, however, been referred to a Sub-Committee with instructions to consider the whole matter and to bring up a scheme in due course.

Unmarried Mothers, etc.

There is no special provision for dealing with unmarried mothers or with illegitimate children apart from reference to the Guardians or in suitable cases to the local Rescue Home and Shelter conducted by voluntary efforts.

Co-operation with the School Medical Service.

The Medical Officer of Health being also School Medical Officer, the closest co-operation exists between the School Medical Service and infant welfare work ; the Health Visitors carry out each in the area allotted to her both branches of the work ; the records of the routine medical inspection of children under five are attached to the cards used for the inspections at school, while the treatment of squints, dental defects, etc., of young children is carried out at the school clinics.

Mortality.

No fewer than ten women died as a result of Puerperal Fever and other accidents and diseases of pregnancy and parturition, giving a maternal mortality on the 1,843 births notified of 5.42 ; allowing for still births, this is equivalent to the death of one mother for every 181 children born alive, a very heavy mortality for what is after all a natural and physiological function. The age at and causes of death as given to the Registrar of Deaths are as below stated.

- (1) Aged 28. Puerperal Septicæmia (died in Nursing Home).
- (2) Aged 40. Puerperal Septicæmia (died in Hospital).
- (3) Aged 27. Parturition and Pulmonary Embolism. (This case had been notified as Puerperal Fever).
- (4) Aged 35. Parturition and Pulmonary Thrombosis.
- (5) Aged 38. Pregnancy. Accidental Hæmorrhage.
- (6) Aged 29. Difficult Labour and Exhaustion.
- (7) Aged 39. Occito-posterior. Uterine inertia. Hæmorrhage (died in Hospital).
- (8) Aged 31. Difficult Labour. Contracted pelvis.
- (9) Aged 35. Puerperal Eclampsia.
- (10) Aged 35. Placenta Prævia.

Case 7 was only admitted to hospital after ineffectual attempts had been made to deliver her at her home. It is obvious that many of the above deaths would have been prevented had the patient been under skilled supervision during the later stages of pregnancy. In none of the instances was a midwife engaged to attend the women in their confinements.

(3) Incidence of Infectious Disease mainly affecting infants, young children or parturient women.

Puerperal Fever.

The number of cases of Puerperal Fever notified during the year was 16 ; of these, four were women who were attended at their confinements by midwives, the remainder were confined by medical practitioners ; one midwife and two doctors each had two cases, but in no instance was infection spread from case to case ; three cases were fatal, one of which was a non-resident. One patient was treated at the isolation hospital and three were nursed at home by the Health Visitors.

Ophthalmia Neonatorum.

The number of notifications of this disease received during the year was 37 ; of these 14 were infants at whose births midwives were in attendance, and two were born outside the Borough. All cases were visited by the Health Visitors immediately after receipt of notification and advice given in severe cases that the infants should be taken to the Borough Sanatorium for treatment as out-patients ; 23 cases were thus treated in 13 of which the gonococcus was found on bacteriological examination of the discharge ; the total number of attendances made by such infants was 866 giving an average attendance of 37, the greatest number of attendances being 169 and the average duration of treatment and subsequent observation being five weeks. The 14 remaining cases were of mild type and were treated at home, 13 being visited twice daily by the Health Visitors for the purpose of carrying out nursing treatment. Nineteen were notified on the day the eyes became affected, seven on the second day, three on the third day, fourth day and 6th day, and one on the seventh day after the appearance of the discharge. All the severe cases came under observation on the first day, the other cases being very slight cases without swelling of the lids. All the children recovered without corneal ulceration or other damage to their eyes which satisfactory result is doubtless due to the early notification of the cases and to the fact that all severe cases are dealt with at the Borough Sanatorium where they receive skilled nursing treatment. The fact that the disease is essentially one which demands treatment by a nurse experienced in dealing with the disease cannot be over-emphasized and that this is now generally recognised is shown by the fact that many of the bad cases are referred by private practitioners to the Borough Sanatorium at the time of notification.

Measles.

This disease was not epidemic during the year, causing only one death ; 67 cases came under observation and were kept under supervision by the Health Visitors ; 13 of the children either had severe attacks or developed complications and were home-nursed by the Health Visitors.

Whooping Cough.

This disease also was not prevalent and caused only two deaths; 44 cases were kept under supervision by the Health Visitors.

Poliomyelitis.

Only two cases were notified during the year, particulars of which are as under:—

Name.	Age.	Date of onset.	Muscles affected.	Result.
E.G.	6	Oct. 10th.	Left shoulder, flexors of left ankle	Recovered with some weakness left arm and marked drop foot.
B.L.	9 mths.	Oct. 23rd.	Left deltoid, biceps brachialis anticus and coracho-brachialis	Recovered. Paralysis shows only slight improvement.

The cases lived in different areas of the Borough and there appeared no connection between them.

Outbreak of Pemphigus Neonatorum.

One midwife was suspended from practice during the year, pursuant to Section 8 (3) of the Midwives Act, 1902, in order to prevent the spread of infection of Pemphigus Neonatorum. The midwife was first suspended on 8th March, the following cases of pemphigus having occurred in her practice, viz. :—

Name.	Date of Birth.	Date when blisters first noticed,	M.O.H. informed,		Remarks.
			Date.	By whom.	
C.	Jan. 25th	Feb. 3rd	Feb. 3rd	Midwife.	Infant died Feb. 8th
R.	Feb. 2nd	Feb. 4th	Feb. 5th	Midwife	
S.	Jan. 31st	Feb. 5th	Feb. 5th	Midwife	
E.	Feb. 18th	Feb. 26th	Feb. 26th	Midwife	
F.	Jan. 28th	? Feb. 18th	Mar. 6th	Health Visitor	
Y.	Feb. 23rd	Feb. 25th	Mar. 8th	Health Visitor	
R.	Feb. 25th	Mar. 5th	Mar. 8th	Health Visitor	

On receipt of information of the first cases, the midwife was at once advised as to the necessity of disinfecting herself and of taking precautions to prevent the spread of infection; her uniform and bag were disinfected at the Council's disinfecting station and careful enquiries instituted as to the source of infection. The midwife's mode of practice was investigated and it was learnt that she washed the infants on towels and used soap, dusting powder, etc., provided by the mothers, so the spread of infection could not be attributed to these articles; it was her custom not to take her bag to cases already confined so the bag did not appear to be implicated. The midwife was free from sores or discharge from nose or ears; she was found to be still wearing a wedding ring which in the autumn of 1919, when she appeared to be the medium of spreading puerperal fever, she had promised to remove when attending confinement cases, and it was found that the ring was so tight that it had to be filed off. The cases were not confined to any one area of the Borough; no similar cases were occurring in the practice of any of the other midwives; persons in the houses in which the infants lived were found to be free from impetigo and skin eruptions of any kind and there was no unusual prevalence of impetigo among the school population. As it was clear that the midwife was in some unknown manner the cause of the spread of infection and disinfection of the midwife and her outfit had failed to prevent the spread of the disease, there was no alternative but to suspend her from practice.

The following cases of infection of infants at whose birth the midwife officiated prior to her suspension subsequently came to notice, viz :—

Name.	Date of Birth	Date when blisters first noticed,	M.O.H. informed.	
			Date.	By whom.
D.	Feb. 6th	?? Feb. 16th	Mar. 9th	Health Visitor
K.	Feb. 17th	? Mar. 10th	Mar. 17th	Health Visitor
L.	Mar. 2nd	Mar. 14th	Mar. 17th	Health Visitor
S.	Feb. 16th	Mar. 4th	Mar. 19th	Health Visitor
M.	Feb. 17th	?	Mar. 19th	Health Visitor
B.	Feb. 18th	Mar. 4th.	Mar. 19th	Health Visitor

In the cases of S. and M., the births had taken place in the midwife's home at which the infants remained for 14 days after birth, developing the blisters soon after they had been taken to their own homes.

On the morning of March 18th, the suspension of the midwife was removed it being hoped that the sequence had been broken but on the 29th inst. another case came under notice as follows.

Name.	Date of Birth	Date when blisters first noticed.	M. O. H. Informed.	
			Date	By whom.
K.	Mar. 22nd	Mar. 28th	Mar. 29th	Midwife.

The midwife was thereupon suspended for an indefinite period the Maternity and Child Welfare Committee agreeing to pay her an allowance at the rate of £3 per week.

Only one other case came under notice, viz. :—

Name	Date of Birth	Date when blisters first noticed.	M.O.H, informed	
			Date	By whom
A.	Mar. 22nd	April 11th	April 14th	Health Visitor.

In view of the serious nature of the affection and of the alarm and distress to the parents caused by even very mild attacks of the disease it was deemed advisable to continue the suspension of the midwife until May 24th when she was allowed to resume her practice after a final thorough disinfection of her clothing and the provision of a fresh supply of the dressings tow, etc., in her bag. At the time of her second suspension she was advised to use antiseptic gargles and nasal douches in case by chance the infection was spread by any infection of the mouth and nose; she denied she had any vaginal discharge and maintained she was in perfect health; she had been repeatedly examined for evidence of sores, onychias, etc., without any such skin lesion being found. The infants at whose birth she attended were visited repeatedly for several weeks after birth by the Health Visitors, but no further cases developed.

The lesions were all of the same character and consisted of large blebs containing clear serum; the vesicles were very thin-walled and in the majority of cases had already ruptured, as a result of pressure or friction, before the case came under observation, large raw surfaces being exposed; if the clear fluid contained in the vesicle was allowed to run over unaffected areas of the skin, the latter in many instances also developed vesicles. The blebs commonly first appeared on the limbs and on the abdomen, although in some cases they were first noticed on the face or scalp. Many of the cases developed only a few blebs six or eight in all, but in a few instances the area affected was much more extensive and the disease proved fatal in two cases, particulars of which are as follows :—

(1). Infant R., born February 2nd, blisters first appeared on each side of face near eyes on February 4th; on following day the eyelids and adjacent portions of the face and forehead

were excoriated; later blebs appeared on chest, back and limbs, and by February 7th the cuticle of practically the whole body had separated exposing a raw red surface dry and glazed except in the flexures and on buttocks which exuded a clear thin fluid. The infant died on February 8th.

(2) Infant A., born March 22nd; blisters first noticed on buttocks March 29th; these healed but blisters later appeared on scalp and these also healed; on April 11th, a large bleb appeared on chin and remained localized thereto until April 13th when the condition spread on to neck and on following day to chest; on April 14th the cuticle of chin, neck and whole of front of chest had separated and a large continuous raw surface was exposed; during the next few hours, the condition very rapidly spread, the limbs and the whole of the trunk became affected, and the infant died on April 16th. In this case, the midwife only visited the home on March 22nd, 23rd and 24th, as on the latter date the mother who was just convalescent from Pneumonia developed a slight pyrexia and as a matter of precaution, it was arranged that the midwife should discontinue attendance.

The mode of treatment found most efficacious was the use of a simple dusting powder of Boric Acid, Zinc Oxide and Starch; the use of ointments or lotions appeared to result in a spread of the condition.

Examination in the Borough Laboratory of the clear fluid from some of the unbroken vesicles showed the presence of *Staphylococcus aureus* and *S. albus* and a specimen sent to the Ministry of Health was reported to contain the former organism.

Authorities appear to regard Pemphigus Neonatorum as identical with Impetigo of the newly born, its peculiar appearance and course being dependent on the delicate nature of the infant's skin. It is remarkable that in none of the cases which came under observation was any evidence found of any of the contacts having recently suffered from impetigo, although the mother of the fatal case A did develop a few days after her infant's death an impetiginous sore on her face. The mode by which the midwife conveyed the infection was not ascertained; it seemed probable that she herself was infectious as all possible means by which she could have transferred the infection from patient to patient were minutely examined and any such theory had to be discarded for want of evidence.

The list below shows all the infants at whose birth the midwife was in attendance during the period she was apparently infectious; it seems difficult to understand why so many of the infants escaped infection seeing that the midwife adhered to the same routine in every case and only ceased to wash an infant either when she ceased attendance on the mother or on the development of the pemphigus.

Date of Birth.	Name.	Developed Pemphigus on	Remarks.
January 25 ...	C.	February 3	Died February 8th
" 28 ...	F.	" 18	
" 31 ...	S.	" 5	
February 2 ...	R.	" 4	
" 4 ...	M.		
" 5 ...	W.		
" 6 ...	P.	about February 16	
" 8 ...	D. (twins)		
" 9 ...	G.		
" 10 ...	B.		
" 10 ...	H.		
" 10 ...	G.		
" 11 ...	M.		
" 13 ...	P.		
" 15 ...	L.		
" 14 ...	B.		Born at Midwife's house at which Infant remain- ed 14 days.
" 16 ..	S.	March 3	
" 17 ...	K.	February 10?	Born at midwife's house at which Infant remain- ed 14 days.
" 18 ...	B.	March 4	
" 17 ...	M.	" 3?	
" 18 ...	E.	February 26	
" 19 ...	B.		
" 22 ...	M.		
" 23 ...	Y.	" 29	
" 24 ...	S.		
" 25 ...	R.	March 5	
" 26 ...	S.		
" 27 ...	B.		
" 29 ..	P.		
March 2 ...	L.	March 14	
" 5 ...	P.		
" 6 ...	H.		

Midwife suspended from March 8th to March 18th, both days inclusive.

March 19 ...	S.		
" 21 ...	W.		
" 22 ...	K.	March 28	
" 20 ...	G.		
" 22 ...	A.	April 11	Died April 16th
" 25 ...	L.		
" 27 ...	G.		

Section VII. Sanitary Administration.

1. Staff.

The Staff of the Health Department comprises:—

- 1 Medical Officer of Health who is also School Medical Officer, Medical Superintendent of Infectious Hospitals, Bacteriologist and Medical Officer to Mental Deficiency Committee.
- 1 Deputy Medical Officer of Health and Assistant School Medical Officer.
- 1 Assistant (woman) Medical Officer of Health and Assistant School Medical Officer who also acts as Inspector of Midwives.
- 1 Tuberculosis Officer.
- 1 School Dentist.
- 1 Inspector of Nuisances who is also Chief Sanitary Inspector, Inspector under the Contagious Diseases (Animals) and Food and Drugs Acts, and Officer under the Rats and Mice Destruction Act.
- 5 Assistant Sanitary Inspectors who also act as Inspectors under the Shops Acts and each have charge of two municipal wards.
- 6 Health Visitors who carry out, each in the area allotted to her, the duties of School Nurse, those of Health Visitor under the Maternity and Child Welfare and Tuberculosis Schemes and also keep under supervision feeble-minded persons referred to the Mental Deficiency Committee.
- 1 Nurse in Dental Clinic.
- 1 Nurse in Tuberculosis Dispensary.
- 2 Male Clerks.
- 2 Female Clerks.

At the end of the year it was decided to appoint an additional Health Visitor.

2. Infectious Hospitals.

Smallpox. The Smallpox Hospital situate in Sutton Road consists of two galvanised iron buildings with outhouses and provides accommodation for about 14 patients and necessary staff on the Local Government Board standard of air and floor space. It is erected on land bought for the purpose of a cemetery and in 1919 the Committee had under consideration the question of providing some other site in view of the fact that the land was then required for cemetery purposes. The Rochford Rural District Council were apparently averse to the proposal that the building should be re-erected on the site of their Smallpox Hospital at Nobles Green to enable the latter to be used as a Joint Hospital for the two districts; early in 1920 land was obtained for an extension of the Cemetery and, the urgency of the removal of the Hospital from its present position having thus disappeared, negotiations with the Rochford Rural District Council were not pursued.

Other Infectious Diseases. The Borough Sanatorium situate in Balmoral Road, Westcliff, provides accommodation for 84 patients as under:—

<i>Permanent Structures.</i>	Total Beds.	Use.
Britannia Block—		
Two wards of eight beds, two isolation wards of one bed	18	Scarlet Fever,
King Block—		
Two wards of eight beds, two isolation wards of one bed	18	Scarlet Fever,
Old Block—		
Two wards of six beds each	12	In reserve.
Diphtheria and Typhoid Block of two separ- ate wards each with two rooms accommodating five and three patients respectively	16	Diphtheria and Typhoid cases.
Venereal Disease Centre—		
Four single-bedded rooms	4	Venereal Diseases.
<i>Temporary Structures.</i>		
Allen Block of two wards	12	Pulmonary Tuberculosis (advanced cases).
Tin House—two rooms	2	Isolation.
Berthon Hut	2	Now used as an annexe to Allen Block.
Total.....	84	Beds.

The provision of the Britannia Ward, the most recently erected ward block, was sanctioned in 1910 in which year the population was estimated at 59,889, whereas since that date, as a result of the inclusion of the former Leigh-on-Sea Urban District and of the natural growth of the Borough, the population has practically doubled. One ward block, moreover, formerly available for general infectious diseases is now reserved for advanced cases of Tuberculosis a very necessary provision, while one ward of six beds in the Old Block is about to be converted into cubicles for the domestic staff in order to house the extra staff needed to reduce the working hours to 50 a week.

The position is made worse by the fact that in recent years local authorities have been urged to provide isolation hospital facilities for several additional diseases as, e.g., Cerebro-Spinal Meningitis, Anterior Poliomyelitis, etc., etc., while the absence of suitable small wards for isolation purposes for doubtful cases or cases of mixed infection is increasingly felt. In seaside towns such as this Borough in which a large proportion of the residents rely for their livelihood on letting apartments and which are particularly liable to have repeated importations of infectious diseases, adequate isolation hospital accommodation is imperative. In spite of the need for economy at the present time and although with the erection of the Tuberculosis Hospital the Allen Ward will revert to its original use, there is no question that the Council should sanction the erection of at least one additional ward block.

The following table shows the number of admissions, discharges and deaths during the year.

YEAR 1920.

	Scarlet Fever	Diphtheria	Diphtheria "Carriers"	Typhoid Fever	Puerperal Fever	Dysentery	Pemphigus Neonatorum	Under Observation	Tuberculosis		Total
									From Southend	From other Towns	
Remaining on 1st Jan., 1920 ...	39	7	1	...	...	...	...	...	..	...	47
Admitted during year ...	281	134	32	2	1	1	1	4	19	12	487
Under treatment during year ...	320	141	33	2	1	1	1	4	19	12	534
Died during the year ...	...	9	...	...	1	1	1	...	11	2	25
Discharged during the year ...	292	117	30	2	...	...	...	4	5	7	457
Remaining 31st Dec., 1920 ...	28	15	3	...	...	..	...	...	3	3	52

3. Local Acts, etc., in Force.

The following adoptive Public Health Acts, Private Acts, Byelaws, etc., are in force within the Borough.

ADOPTIVE ACTS.

1. Infectious Diseases (Prevention) Act, 1890.
2. Public Health Acts (Amendment) Act, 1890.
3. Public Health Acts Amendment Act, 1907 (since 9th February, 1914).

Part 2. Streets and Buildings. Section 17 and Sections 19-33 both inclusive.

Part 3. Sanitary Provisions. Sections 34, 35 (2), 35 (3), 36, 37, 38, 47, 49, 50 and 51.

Part 4. Infectious Diseases. Sections 53, 54, 57, 58, 59, 60, 62, 63, 64 and 65.

Part 5. Common Lodging Houses. Sections 69 to 75 both inclusive.

Part 7. Sections 78, 79, 81, 82, 83 and 84.

PRIVATE ACTS.

Southend-on-Sea Corporation Act, 1895, which contains clauses similar to those of the Public Health Acts Amendment Act, 1907.

Southend-on-Sea Corporation Act, 1909, dealing with the provision of Sewerage Works, Deep Sewers, etc.

Southend-on-Sea Corporation Act, 1913, enlarging the Borough by the inclusion of Leigh-on-Sea, and part of the Parish of Eastwood and constituting the Borough a County Borough. This Act also contains certain sanitary provisions as to ice cream dealers, combined drainage, etc.

PUBLIC HEALTH BYELAWS.

For the prevention of Nuisances from Snow, Filth, Dust, Ashes, and Rubbish, and for the prevention of keeping of animals on any premises so as to be injurious to health, revised in April, 1911.

As to Nuisances, made in 1867, under the Local Government Act, 1858, Clauses 4, 6, 13 and 14, only dealing with offensive privies, water closets, cesspools, etc., and with deposits of refuse on waste or unoccupied ground.

As to Nuisances in connection with the removal of offensive or noxious matter, made April, 1897.

As to Common Lodging Houses, made January, 1905.

As to Tents, Vans, Sheds and similar structures, revised January, 1911.

As to Landing and Carting of Manure removed from Barges, etc., made April, 1890 (under the provisions of the South-end Local Board Act, 1875).

As to new Streets and Buildings, made August, 1881, added to in September, 1892, and in August, 1897.

As to Slaughterhouses, made January, 1906.

As to Offensive Trades, made January, 1906, revised July, 1915.

REGULATIONS.

As to Dairies, Cowsheds and Milkshops, revised March, 1907.

As to Underground Rooms under Section 17 (7) of the Housing, &c., Act, 1909, made November, 1914.

4. Bacteriological Laboratory.

During the year the following specimens were examined at the Laboratory at the Borough Sanatorium.

	Positive.	Negative.	Total.
For detection of Diphtheria Bacilli.			
From patients in Sanatorium	191	1,243	1,434
Sent by private practitioners	362	1,285	1,647
Sputum as to presence of Tubercle bacilli ...	96	267	363
Urine as to presence of Tubercle bacilli ...	1	1	2
Blood for Widal reaction as to Typhoid Fevers ...	2	21	23
as to Dysentery ...	1	—	1
for Malarial Parasites ...	—	4	4
Cerebro-Spinal Fluid.			
as to Meningococci ...	—	3	3
as to Tubercle Bacilli ...	—	4	4
Specimens of hair as to ringworm fungus ...	85	25	110
For Gonococci ...	90	206	296
... For Spirochæta Pallida ...	5	4	9

5. Contagious Diseases of Animals Acts.

The total number of inspections made during the year under the above Acts was 31 and the following statement gives particulars of the action taken under these Acts and under the Orders of the Ministry of Agriculture.

Swine Fever Order, 1908. One case of suspected Swine Fever was notified, but after post-mortem examination by the Veterinary Inspector of the Ministry of Agriculture, it was declared to be not a case of Swine Fever.

Parasitic Mange Orders, 1911-1919. Twelve cases of Parasitic Mange among horses were notified during the year. Six horses were cured, three were slaughtered by the owners and three were under treatment at the end of the year.

Rabies Order, 1919. One suspected case of Rabies was notified the dog was killed and the head sent to the Laboratory of the Ministry of Agriculture, but after examination they reported that the animal had not suffered from Rabies.

Sheep Dipping Order, 1908. One hundred and seventy-nine Sheep were dipped as required by the Order.

Epizootic Abortion Order, 1920. Regulations under the above Order have been made during the year.

6. Rats and Mice (Destruction) Act, 1919.

The crusade against rats has been continued throughout the year and it may be stated with confidence that the Borough is now relatively free from these pests. The town being of modern growth there are few dilapidated buildings in which rats can harbour, while the drainage system has been almost entirely relaid in recent years.

Frequent visits of inspection are made to stables, slaughter-houses, the premises of marine store dealers and other places likely to be infested, and care is taken to insist upon adequate measures being adopted by the owners to eradicate the rodents, the inspectors advising as to the method of and assisting in the laying of baits and in all instances supervising the work.

The number of complaints received during the year was 24 and these in the majority of instances referred to the existence of rats in the gardens or cellars of private houses ; investigation showed that in nearly all the instances the occurrence of rats was associated with poultry keeping.

One rat week was held during the year when the owners of premises known to have been infested in past years co-operated in the campaign ; dogs, ferrets and poisons were used and although only 81 carcasses of rats were seen by the inspectors there is little doubt a very much larger number were accounted for. In some instances sulphurous acid gas has been pumped into the rat holes by the sanitary staff with most satisfactory results, but this method is not, of course, possible in cellars of dwellings. Several proprietary poisons have been used and one formerly found most efficacious has during the past year proved perfectly useless.

7. **Factory and Workshops Act, 1901.**

By the provisions of Section 132 of the Factory and Workshops Act, the Medical Officer of Health is required in his Annual Report to "report specifically on the administration of this Act in Workshops and Workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State." The statistics are given in the following table in the form required by the Home Office.

I. Inspection of Factories, Workshops and Workplaces.

		Number of		
		Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	258	—	—	—
Workshops (including Workshop Laundries)	561	11	—	—
Workplaces other than Out-workers' premises included in Part III. of this Report)	231	7	—	—
	—	—	—	—
Total ...	1,050	18	—	—
	—	—	—	—

II. Defects found in Factories, Workshops and Workplaces.

Nuisances under the Public Health Acts:—

				No. of Defects	
				Found.	Remedied.
				referred to H.M. Inspector.	No. of Prosecutions.
Want of Cleanliness ...	29	29	—	—	—
Want of Ventilation ...	13	12	—	—	—
Want of Drainage of Floors	1	1	—	—	—

	Found.	Remedied.	No. of Defects referred to H.M. Inspector.	No. of Prosecutions.
Sanitary Accommodation—				
Insufficient	1	1	—	—
Unsuitable or Defective	6	6	—	—
Not separated for sexes	1	1	—	—
Other Offences under the Factory & Workshops Act				
	—	—	—	—
	—	—	—	—
Total ...	51	50	—	—
	—	—	—	—

III. Home Work.

Lists received from employers

Dealing with the making of Wearing Apparel.

Sending twice in the year	... lists	—
Number of workmen outworkers	...	—
Sending once in the year	... lists	2
Number of workmen outworkers	...	3

Dealing with Furniture and Upholstering.

Sending twice in the year	... lists	2
Number of workmen outworkers	...	4

Address of Outworkers:—

Addresses of Outworkers received from other Councils ...	48
Addresses of Outworkers forwarded to other Councils ...	1

Outwork in infected premises, instances —

Orders made (Section 110).

Outwork in unwholesome premises, instances —

Prosecutions —

Inspections of Outworkers' premises 52

IV. Registered Workshops on the Register at the end of the Year.

Workshop Bakehouses	21
Workshop Laundries	5
Cabinet Making Workshops	9

Boot Repairing Workshops	60
Dressmaking Workshops	35
Tailoring Workshops	30
Cockle Boiling Workshops	16
Millinery	11
Garages	28
Miscellaneous	116
	—
Total number of Workshops on Register	331
	—

V. Other Matters.

Matters referred to H.M. Inspector of Factories	—
Failing to affix abstract	—
Action taken in matters referred to H.M. Inspector of Factories remediable under the Public Health Acts, but not under the Factory and Workshops Acts (Section 5).	
Notified by H.M. Inspector	6
Reports of Action taken sent to H.M. Inspector	6
Underground Bakehouses (Section 101).	
In use at the end of the year	3
Certificates granted during the year	—

VI. Bakehouses.

Bakehouses on Register, 31st December, 1920	40
New Bakehouses erected	—
Bakehouses disused	5
Change of occupiers	3
Bakehouses temporarily disused	4
Notices served on occupiers	3
Bakehouses, inspections	285

Section VIII. Housing.

I. GENERAL HOUSING CONDITIONS IN THE DISTRICT.

(1) *General Housing Conditions.*

Notwithstanding that habitation certificates have been granted during the year in respect of 524 newly erected houses, there is still a great shortage of dwellings in the Borough owing to the continued influx of new residents; the ordinary resident living under overcrowded conditions owing to the shortage of houses has experienced very little relief as houses which become vacant from any cause are only too frequently sold to a newcomer generally at a fancy price.

(2) (a) *Extent of shortage of houses.*

It is impossible to give even an approximate estimate of the shortage of houses as even before the War newly erected houses were let before the foundations were laid, so great was the rush of newcomers. It is probable that even if 1,500 houses were erected annually during the next ten years there would be no surplus of house accommodation.

(b) *Measures taken or contemplated to meet any shortage.*

A fair number of houses are being built by private enterprise ; the 20 houses being built by the Council to complete the Ruskin Avenue Scheme are nearing completion, while 35 of the 100 houses which the Council have decided to build as part of their Sutton Road Scheme have been commenced. Over 700 applications have been received for the tenancies of these new Corporation houses and it is clear that for a long time there will be a shortage of house accommodation in the Borough, although the completion

of even the few that will probably be ready for occupation this year will serve to relieve the necessities of many old residents who, deprived of their houses, now have to live under overcrowded conditions.

(3) *Any important changes in population during the year or anticipated.*

There is no important change in the population to record ; the incursion of new residents continues and house agents are inundated with enquiries for houses from non-residents.

II. OVERCROWDING.

(1) *Extent.*

In only a very small minority of instances is there any actual overcrowding in the legal sense, the main trouble being the accommodation in houses intended for one family of two, three or even four families.

(2) *Causes.*

The causes may be said to be due mainly to the shortage of houses, the natural increase in population, and the steady incursion of new residents. In some instances, the overcrowding is due to inability to pay rental for a whole house, several rooms of which have to be let to another family with resultant inadequacy of accommodation.

(3) *Measures taken or contemplated for dealing with overcrowding.*

Every endeavour is made to deal with the grosser cases of overcrowding and much is possible by way of re-arrangement of rooms so that the minimum disadvantage follows from the overcrowding.

(4) *Principal cases of overcrowding during the year and action taken.*

The following instances which came under notice are typical.

- (a) A man, wife and eight children occupying one room; this family will probably be offered the tenancy of one of the new houses erected by the Council.
- (b) Six separate families, 21 persons in all, occupying a nine-roomed house ; one family removed and thus enabled the accommodation to be re-arranged so as to enable the remaining families to live under reasonably decent conditions.
- (c) Four separate families shared a five-roomed house ; the overcrowding was alleviated when one of the families left the Borough.

III. FITNESS OF HOUSES.

(1) (a) *General standard of housing in the district.*

The Borough being of modern growth, the great majority of the houses are of comparatively recent erection and consequently the general standard is high. Owing to the high value of land in the Borough dilapidated property before the War was not, generally speaking, allowed to remain, but was demolished and the land used for more productive purposes. There are no slums or courts and only a few back-to-back houses. There are about 100 houses which cannot be regarded as reasonably fit for habitation according to modern standards and cannot be made fit without reconstruction.

(b) *General character of defects found to exist in unfit houses.*

The main defects in the unfit houses are want of sink, copper, food store, etc., defective floors and roofs, defective or rickety staircases, defective window frames, absence of damp courses and similar conditions.

(c) *How far defects are due to the lack of proper management and supervision by owners.*

The defects above referred to are mainly in the very old houses and are due to wear and tear, natural deterioration with age and the lower standard of construction and of fittings provided when the houses were erected many years ago. Speaking generally, owners of property in this Borough are anxious to maintain it in a reasonable state of repair and many rely on intimations from the Sanitary Inspectors of sanitary defects which, if not repaired, would be likely to damage their property.

(2) *General action taken as regards unfit houses under (a) Public Health Acts, (b) the Housing Acts.*

Notices under the Public Health Act of sanitary defects requiring attention are first served and in 95 per cent. of the cases the work is carried out by the owners with reasonable promptitude ; if these notices are not complied with, notices are served under Section 28 of the Housing Act, 1919, and so far there has been no occasion for the Council to carry out the work and recover the cost from the owners.

Two of a row of six houses were closed by the owners on request, the same having become so dilapidated as to be dangerous from the risk of collapse.

(3) *Difficulty in remedying unfitness, etc.*

Very few difficulties are met with as, owing to the care taken to prevent any inequalities and to deal reasonably as between owner and tenant, there is a very general acceptance by owners and agents of the requirements of the Council.

(4) *Conditions so far as they affect housing as regards water supply, closet accommodation and refuse disposal.*

These matters have been adequately dealt with in other portions of the report, but may be summarised briefly as follows.

Water Supply. Except for a few houses in outlying districts which are dependant on shallow wells, the water supply is from the mains of the Southend Waterworks Company, the intermittency in the supply of which during the season was the cause of much inconvenience to residents and visitors alike and resulted, owing to the lack of water for flushing purposes, in inability to maintain the sanitary conveniences in as cleanly a condition as is desirable.

Closet Accommodation. Waterclosets are in the main provided and, except in a few blocks of houses, situate mainly in the Leigh area, each house is provided with its own W.C.; in areas which are not sewered, either water closets draining to a cesspool or more generally pail closets are provided.

Refuse Disposal. Refuse is collected weekly over the greater portion of the Borough, a bi-weekly collection being made during the summer months in areas in which experience shows such a measure to be desirable. The refuse is removed to the Refuse Destructor at which it is incinerated.

IV. UNHEALTHY AREAS.

There are no unhealthy areas in the Borough although some of the blocks of dwellings between the foreshore and Leigh High Street are much below the modern standard, and their arrangement on the site far from ideal ; in time, doubtless these houses will be swept away as part of a general improvement scheme.

V. BYELAWS RELATING TO HOUSES, TO HOUSES LET IN LODGINGS AND TO TENTS, VANS, SHEDS, ETC.

The Building Byelaws were made in 1881 and were last revised in 1905; prior to the war a Sub-Committee was considering their revision which is very necessary.

There are no byelaws relating to houses let in lodgings, but in view of the increase in houses let to two or more families such byelaws would now be very useful.

The Byelaws relating to tents, vans, sheds and similar structures were revised in 1911 and are adequate.

APPENDICES.

HOUSING CONDITIONS.

STATISTICS.

Year ended 31st December, 1920.

1. General.

(1)	Estimated population	87,382
(2)	General death rate	11.2
(3)	Death rate from Tuberculosis	1.36
(4)	Infantile mortality	52
(5)	Number of dwelling houses of all classes ...	18,981
(6)	Number of working class dwelling houses ...	6,000
(7)	Number of new working class dwelling houses erected	?

2. Unfit Dwelling Houses.

1. Inspection.

(1)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	3,468
(2)	Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 ...	350

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(4) Number of dwelling houses (exclusive of those referred to under the preceding Sub-heading) found not to be in all respects reasonably fit for human habitation	4

2- Remedy of Defects without Service of Formal Notices-

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,526
---	-------

3- Action under Statutory Powers.

A. Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling houses which were rendered fit	
(a) by owners	1
(b) by Local Authority in default of owners	—
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	2

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	1,293
(2) Number of dwelling houses in which defects were remedied—	
(a) by owners	1,253
(b) by Local Authority in default of owners	—

C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	2
(2) Number of dwelling houses in respect of which Closing Orders were made	—
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(4) Number of dwelling houses in respect of which demolition Orders were made	—
(5) Number of dwelling houses demolished in pursuance of demolition Orders	—

3. Unhealthy Areas.

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part I, or (b), Part II of the Act of 1890.

(1) Name of Area	Nil.
(2) Acreage	—
(3) Number of working class houses in area ...	
(4) Number of working class persons to be displaced	
4. Number of houses not complying with the Building Byelaws erected with consent of Local Authority under Section 25 of the Housing, Town Planning, &c., Act, 1919	35
5. Staff engaged on housing work, briefly, the duties of each Officer—	
Medical Officer of Health } Chief Sanitary Inspector }	General Supervision.
5 Assistant Sanitary Inspectors act as Housing Inspectors.	



SOUTHEND-ON-SEA EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer,

FOR THE YEAR

1920.

NEALE-HUGGETT LTD., PRINTERS, SOUTHEND.

Children's Care Sub-Committee of the Education Committee.

Which controls the School Medical Service.

November, 1920 — October, 1921.

Mr. ALD. H. A. DOWSETT, J.P.

Mr. COUN. H. WARD.

Mr. COUN. G. RADFORD.

Mr. COUN. N. J. OSBORNE.

Mrs. BARRIE.

Miss CAMPBELL.

Miss A. DELF, B.A.

Miss DURRANT.

Miss DUTTON.

Mrs. OSBORNE.

Miss PAGE.

Mrs. PHILPS.

Miss READ.

Mr. ALD. J. R. BRIGHTWELL, J.P.

Mrs. COUN. HAWKEN, J.P.

Mr. COUN. F. W. SQUIER.

Mr. COUN. F. S. DUNNETT.

Mr. ENEVER.

Mr. GAYMER.

Mr. MARA.

Mr. PUDDICOMBE.

Mr. RUDGE.

Mr. SAUNDERS.

Mr. STONE.

Mr. TREBY.

Miss REAY.

Director of Education—

Mr. H. R. FARRANDS, M.A.

To the Chairman and Members of the Children's Care Sub-Committee.

The following report is drawn up on the lines required by the Board of Education.

1. Staff of the School Medical Service.

(a) Whole Time Officers.

School Medical Officer—

Charles Grant Pugh, M.D. (Lond.), B.Sc. (Lond.),
D.P.H. (Camb.), (also Medical Officer of Health).

Assistant School Medical Officers—

Frank Ernest Ingall, F.R.C.S. (Eng.), D.P.H. (Lond.)

Lillie Josephine Murphy, M.B., B.Ch., B.A.O.
(Dublin).

Dentist—

R. W. Griffin, L.D.S. (Eng.).

Health Visitors who also act as School Nurses—

Miss S. J. Hughes.

Miss M. Taylor.

Miss G. Hedger.

Miss E. E. Kington.

Miss N. Hitchcock.

Mrs. I. Munro.

Dental Nurse—

Miss D. J. Mays.

Clerks—

Miss I. Ridge (whole time).

Mr. R. Drake (one-third time).

(a) Part-time Officers.

Ophthalmic Surgeon—

Herbert A. Gaitskell, M.D. (Camb.).

Surgeons on Panel for Operative Treatment of Adenoids—

Dr. Sydney Bridger, M.R.C.S., L.R.C.P.

Dr. J. Grosvenor Hinks, M.B.

Dr. J. C. Smellie, M.B.

Dr. H. Cleveland Smith, M.R.C.S., L.R.C.P.

Organiser of Physical Training—

Miss A. G. Gates.

II. Co-ordination.

(a) *Infant and Child Welfare.* The School Medical Officer is also Medical Officer of Health and administers the Infant and Child Welfare Scheme of the Council. The Health Visitors who carry out the visiting of infants and young children also act as school nurses, each being allocated to the schools which are attended by the children from their areas.

The Health Visitors also attend the Maternity Centre and Infant Clinic at which infants and young children are routinely inspected, every three months in the first year of life, twice during their second year, and thereafter once a year until they reach school age ; proper records of such examinations are being kept and in due course will be filed with the cards used for medical inspection at school. Young children under five who suffer from squints are referred to the Eye Clinic of the Education Committee and those requiring dental treatment to the School Dental Clinic, appropriate sums being charged to the Maternity and Child Welfare Account and credited to the School Medical Service Account in respect of these services.

(b) *Nursery Schools.* There are no nursery schools in the Borough.

(c) *Care of debilitated children under school age.* This has been adequately dealt with under (a).

III. School Hygiene.

The hygienic conditions of the schools are satisfactory, the majority having been built in recent years and the older ones having been in many instances re-modelled. The Brewery Road Schools and the Hamlet Court Road Schools being immediately adjacent to the railway line and a main thoroughfare provided with tramways respectively, cannot be regarded as situated in ideal locations, the continual noise of the traffic, etc., being very disconcerting especially in the classrooms immediately adjacent to the railway and roadway respectively. The Boys' and Girls' Departments of the North Street Schools are of antiquated and inconvenient design, and require re-modelling ; the same remarks apply to some of the four non-provided schools which cannot be regarded as up to modern requirements and at which adjacent halls have to be used to cope with the increased numbers of children in attendance.

The ventilation, lighting, warming, equipment and sanitation of the schools, speaking generally, are satisfactory and are constantly receiving the attention of the Committee, the arrangements for heating particularly having given considerable trouble during the past few years. The sanitary conveniences on the whole are of good type and adequate ; they are inspected each week by the Sanitary Inspectors, and any sanitary defect or want of cleanliness discovered is at once reported and rectified. The desks and other equipment are suitable, although in one classroom of the infants' department the desks have, owing to the floor having a sloping platform, to be placed in such a position that the light is from the right ; the sloping floor portion of this classroom requires removal.

IV. Medical Inspection.

The routine medical inspection is carried out on the school premises except in the case of Prittlewell, St. Helen's Schools and Southchurch National, at which the inspections are conducted in St. Mary's Hall, The Guildhall and The Barn respectively, premises which are immediately adjacent to the schools and the two former of which are now in regular use as classrooms. In none of the schools is any special room devoted to school medical purposes, the inspections having to take place either in vacant classrooms or in the Teacher's room.

(a) *Age groups of children inspected.* The age groups routinely inspected during 1920 and the number of each group inspected were as follows :—

Entrants : 1,368 children aged five and children aged six.

Intermediates : 687 children aged eight and under nine.

Leavers : 2,038 children aged 12 or over who had not been inspected since attaining the age of 12.

The unusually large number of leavers inspected is due to the fact that routine medical inspection had been suspended since 1917 and consequently the majority of children aged 12 or over were due for inspection.

(b) *Schedule Card.* The Board's schedule of medical inspection is strictly adhered to,

(c) *Early ascertainment of crippling defects.* At each routine medical inspection, the Head Teacher is invited to present for medical examination any child who is suspected to be suffering from any defect or illness. In the intervals between routine inspections, the Head Teachers refer such children to the Inspection Clinic or communicate with the School Medical Officer who arranges for the child to be specially examined either at home, at the Clinic or at school.

(d) *Disturbance of school arrangements.* So far as is possible inspections are made on days which meet the convenience of the Head Teachers and every effort is made to avoid any disturbance of the school routine, the only change necessitated being at those schools at which no other room is available for the purpose than a classroom under which circumstances a class has to be temporarily held in the hall or other arrangements made.

V. Findings of Medical Inspections.

(a) *Uncleanliness.* The percentage of children found at routine medical inspection to have either verminous or nitty hair was 4.4 as compared with 17.6 in 1909, when routine medical inspection was instituted. The same great improvement is obvious in the general condition of the children from the point of view of cleanliness of person and clothing, and there is no doubt that the school medical service, whatever its failings, has resulted in a very much higher standard of cleanliness among the school population.

During the year, the nurses continued to carry out routine skin hair and scalp examinations of all children in attendance at the schools spending 235 sessions at this work during which they made 22,928 examinations of children and excluded 401 children, 43 of whom had to be excluded more than once ; 59 sessions were spent in re-examinations of children excluded at some previous examination. Particulars of the results obtained at each school are shown in the following tables.

School	No. of times visited for hair and scalp exam.	No. of exam- inations of Children	No. of Children excluded once only	No. of Children excluded		Total No. of		No. of visits for re-exam- inations of child excluded at former examinations
				Twice	Thrice	Children excluded.	Ex- clusions	
Hamstel								
Boys ...	2	504	...	...	...	...	...	...
Girls ...	4	801	4	1	...	5	6	2
Infants ...	4	805	4	...	...	4	4	2
Bournemouth Park Rd.								
Boys ...	2	604	1	...	...	1	1	...
Girls ...	3	838	8	2	...	10	12	2
Infants ...	2	730	7	2	...	9	11	2
Chalkwell								
Boys ...	3	777	5	...	...	5	5	3
Girls ...	17	898	9	3	...	12	15	7
Infants ...	14	987	5	...	...	5	5	2
North Street								
Boys ...	6	566	3	...	...	3	3	1
Girls ...	7	237	9	...	...	9	9	4
Infants ...	6	711	13	...	...	13	13	1
West Leigh								
Mixed ...	2	349	...	...	...	...	...	...
Infants ...	1	140	7	..	...	7	7	...
Hamlet Court Road								
Boys ...	2	220	5	...	...	5	5	...
Girls ...	4	457	11	2	...	13	15	...
J. Mixed	3	370	10	...	...	10	10	...
Infants	4	708	30	3	...	33	36	...
Westborough								
Boys ...	4	781	4	1	...	5	6	...
Girls ...	4	765	14	2	3	19	27	...
Infants ...	8	1,109	24	6	3	33	45	...
London Road								
Boys ...	5	1,324	9	...	...	9	9	2
Girls ...	6	1,328	27	3	...	30	33	3
Infants ...	6	1,070	16	1	...	17	18	2
Southchurch Hall								
Boys ...	2	614	...	...	...	...	...	...
Girls ...	7	519	60	...	...	60	60	4
J. Mixed	6	553	10	...	...	10	10	3
Infants ..	4	459	8	2	...	10	12	3
Brewery Road								
Boys ...	2	512	...	...	...	...	...	..
Girls ..	2	526	5	...	...	5	5	..
Infants ...	2	462	17	2	...	19	21	3
Southchurch National ...	3	368	5	1	1	7	10	3
Prittlewell								
Senior ...	1	167	4	1	...	5	6	1
Infants ...	2	263	6	1	...	7	8	...
Sacred Heart	2	248	4	...	...	4	4	3
St. Helens ...	4	723	5	1	...	6	7	2
Special School ...	4	135	9	2	...	11	13	2
Totals ...	160	22,928	358	36	7	401	451	59

Children are only excluded from school if their hair is found to be verminous or very nitty ; cases in which there are a few nits only are not excluded on first examination, but a notice is sent to the parents calling attention to the condition of the hair and requesting that the same be cleansed forthwith ; the homes of all children excluded are visited by the nurses who serve a pink warning notice that the child will not be re-admitted until hair has been cleansed and freed from nits as shown by a medical certificate obtained at the Inspection Clinic. In the event of the child not being rendered fit to attend within seven days, legal proceedings are taken against the parents unless there exist circumstances, such as illness of the mother, which justify leniency.

During the year, legal proceedings under the Attendance Bye-laws were taken in 16 instances with the following results, viz.:—

Fined 5/-	...	...	5
Adjourned <i>sine die</i>	...		4
Attendance Orders made			4
Dismissed	...	...	1
Left the Borough	...		1
Parents cautioned	...		1

(b) *Minor ailments and (e) skin disease.* Of the 4,195 children routinely inspected 21 were found to have impetigo as compared with 33 out of the 2,743 inspected in 1909 ; on the other hand 11 were found to have scabies as compared with six in 1909, the increase in the latter disease being doubtless an aftermath of the war, showing the need for adequate facilities being provided for the treatment of this troublesome disease which is so difficult to cure unless hot baths and intelligent application of the simple remedies necessary are available, two essentials which are only too commonly lacking in the average home.

(c) *Tonsils and Adenoids.* The number of children referred as requiring operative treatment for enlarged tonsils or adenoids or both conditions was 147, a percentage of 3.5 as compared with 398 or percentage of 14.5 on the smaller number of children examined in 1909. The difference in numbers is mainly due to an alteration in the criterion adopted in deciding whether an operation is required or whether breathing exercises should first be tried, although in part it is due to the fact that a large number of the leavers in 1920 examined had already received operative treatment in past years.

(d) *Tuberculosis.* Only one child was found at school with active pulmonary tuberculosis, although 27 other children were suspected to be so suffering and were referred to the Tuberculosis Officer for observation and necessary treatment. These numbers compare with four and 16 respectively, the corresponding figures in 1909. Every care is taken to secure that children who are suspected to be suffering from tuberculosis do not attend school unless the disease is entirely latent and even in such cases, the children are kept under constant observation by the Tuberculosis Officer, arrangements being made for their attendance at regular intervals at the Tuberculosis Dispensary on Saturday afternoons.

No fewer than 26 children of the 4,195 children examined were found to be suffering from tuberculous glands, 12 from tuberculous disease of the spine, four from disease of the joints and one from lupus ; these numbers are much in excess of those found in 1909 when of 2,743 children only four children were found to have tuberculous glands, three to have tuberculous disease of the spine and one of the elbow joint. All these children were receiving treatment or were under observation either by family doctors, at London Hospitals, or at the Corporation's Dispensary. The great increase is to be associated with the influx into the town in recent years of tuberculous families, many children having come to reside in the Borough owing to the development of the tuberculous lesion whilst resident elsewhere.

(f) *External eye disease.* Cases of Blepharitis numbered 67, conjunctivitis 3, corneal ulcer 7, and corneal opacities 5, numbers which correspond closely with those obtained in 1909 except in the case of corneal opacities, the marked diminution in which, from .80 per cent. in 1909 to .12 in 1920, is gratifying evidence of the improved nutrition of the children resulting in a greater freedom from ulceration of the cornea and of increased care in the treatment of the latter condition when it occurs.

(g) *Defective Vision and Squint.* The number of cases of defective vision, 304 (or 7.2 per cent.) and of squint, 54 (or 1.3 per cent.) compare with 273 (or 9.9 per cent.) and 51 (or 1.8) per cent. respectively in 1909.

(h) *Ear discharge.* The percentage of children with ear discharge was 1.3 as compared with 1.5 in 1909, and it is to be regretted that so much difficulty is met in getting parents to undertake for sufficiently long periods after its original onset the simple treatment necessary in many cases to prevent recurrences of this otherwise very chronic ailment.

(i) *Dental defect.* The percentage of children found by the Medical Officers in the course of routine inspection not to require dental treatment was 85 as compared with 43.4 in 1909. This improvement is largely due to the large number of leavers who had during the year received treatment at the Dental Clinic. It has to be recognised that mere inspection of the teeth as is alone possible by the Medical Officers fails to reveal many cases of dental defect and that the dentist would probably detect by use of probe and mirror a larger proportion of cases of dental caries; nevertheless the figures of 1920 and 1909 are strictly comparable both being the records of examination by Medical Officers using the same methods and the same criteria.

(j) *Crippling defects.* Apart from cases of tuberculosis of lungs, joints, and bones already referred to and not including cases of lateral curvature of the spine and distortions of bones due to early rickets, 60 of the other children had other deformities or diseases which caused more or less crippling such as severe heart disease, congenital or acquired, talipes, congenital dislocation of a hip, deformities the result of infantile paralysis, loss of limbs following accident or amputation, etc. These figures also show an increase as compared with 1909.

VI. Infectious Diseases.

As in past years, the Head Teachers and the Attendance Officers have notified the School Medical Officer of all absences from school due to conditions said to be or which might be infectious. The number of intimations received under this head during the year was 194 ; each case was visited by one of the Health Visitors or if necessary by a Medical Officer and appropriate advice given as to the nursing care needed or as to isolation precautions when such were indicated.

Children convalescent from or contacts of acute infectious diseases are excluded from school for the periods advised in the Board of Education's memorandum on the subject and no such children are re-admitted until receipt by the Head Teacher of notices from the School Medical Officer.

Apart from slight outbreaks of Chicken Pox, there has been no special incidence of any of the infectious diseases in the schools, and it has not been necessary to require any school or class to be closed under Article 57 of the Provisional Code 1919.

VII. Following up and work of Nurses.

The following up of children found to have defects requiring treatment is carried out in the main by the nurses, although where needed the Medical Officers also visit. During the year, 3,299 such visits were made to the homes of school children as follows:—

Defect or Ailment.	No. of Children.	No. of Visits.
Tonsils, Adenoids, or Mouth-breathing	155	187
Squint or defective vision	93	144
Deformities	20	30
Verminous conditions	759	1062
Infectious diseases	286	496
Contagious skin diseases (impetigo, scabies, ringworm)	217	331
Malnutrition, neglect, etc	54	97
Defective teeth	10	14
Tuberculosis	128	663
Other conditions, e.g., Blepharitis, Bronchitis, Otorrhœa, etc. ...	186	275
	1,908	3,299

The nurses carry out routine hair and scalp examinations, the results of which have already been detailed under the heading of “uncleanliness” in Section 5. They also assist the Medical Officers at the routine medical inspections spending during the year a total of 235 sessions at this work; they also attended at the School Clinic which was held during the year upon 292 sessions.

VIII. Medical Treatment.

(a) and (d) *Minor ailments and Skin diseases.* Owing to the inadequacy of the facilities available at the Public Health Office at which the Clinic is held, it is not possible to undertake satisfactorily the treatment thereof of minor ailments except in isolated cases of septic cuts, onychias, neglected cases of impetigo, etc., in which home treatment has proved to be a failure, or to be impracticable from lack of facilities.

Twenty-eight children suffering from scabies when home treatment had failed to cure after several weeks, or in some cases months, were treated at the local isolation hospital as out-patients with resultant cure in on the average a period of seven days.

There being no X-ray Clinic for the treatment of ringworm of the hair, reliance for cure has to be placed on epilation of the scalp and application of ointments or liniments, except in the few instances in which parents can afford to pay fees to a local radiographer for X-ray treatment.

At the beginning of the year 31 children were excluded on account of scalp ringworm and 44 new cases came under observation ; during the year, 59 were re-admitted to school, six left the town or were otherwise lost sight of, and 10 were still being excluded at end of year. The periods during which the 59 children re-admitted to school had been excluded were as follows:—

Under 2 months ...	...	2
From 2—4 months	...	16
From 4—6 months	...	12
From 6—8 months	...	14
From 8—10 months	...	8
From 10—12 months	...	3
From 12—15 months	...	3
From 15—18 months	...	1

It can be confidently stated that until the new School Clinic is available many children will continue to be absent from school for quite unnecessarily long periods owing to the present inadequate facilities for treatment of such simple conditions as scabies, impetigo and ringworm.

(b) *Tonsils and Adenoids.* Necessitous children requiring operations for enlarged tonsils or adenoids are operated on at the Victoria Nursing Home by one of a panel of four surgeons appointed for the purpose ; the children enter the Nursing Home at 10 a.m., are operated upon during the afternoon, remain in the nursing home all night, and are discharged on the following day at noon after being inspected by the surgeon. Prior to 1st October, the fee per case payable by the Committee to the operating surgeon was 25/- but since that date has been £2 4s. 0d., of which it is understood 12/6 is paid to the nursing home, and 15/9 to the anæsthetist.

During the year 189 children were operated upon under the Committee's scheme, 154 at the old scale of fees and 35 under the new scale ; the contributions made by the parents upon the requirement of the Children's Care Sub-Committee after report by the Civic Guild were as follows:—

Towards the fee of 25/-				Towards the fee of £2 4s. 0d.			
Full payment	...		46	Full payment	...		3
15/-	...	...	4	25/-	...	...	3
12/6	...	...	16	20/-	...	...	6
10/-	...	...	6	15/-	...	...	1
5/-	...	...	5	12/6	...	...	2
Free	...	...	77	10/6	...	...	3
				7/6	...	...	1
				5/-	...	...	1
				Free	...	...	13

These amounts are collected by the Attendance Officer in instalments if necessary and paid to the credit of the School Medical Service Account.

(c) *Tuberculosis.* Children suffering or suspected to be suffering from tuberculosis are referred to the Tuberculosis Dispensary and remain under the observation and, if necessary, treatment of the Tuberculosis Officer until the latter discharges them as not requiring further observation. The numbers of children who came under the observation of the Tuberculosis Officer during the year were as follows:—

Tuberculosis of Peritoneum	...	...	9
Abdominal Glands	...	...	4
Other glands	...	...	24
Skin	...	...	5
Lungs	...	...	48
Bone	...	...	5
Spine	...	...	3
Joints	...	...	15
Suspected disease of lungs	..	...	28
Found not to be suffering from Tuberculosis	..	...	42

The Saturday afternoon session of the Tuberculosis Dispensary is largely devoted to the examination of children and during the year the latter made 720 attendances.

(e and f) *External eye diseases and vision.* The Eye Clinic under the charge of Dr. H. A. Gaitskell was held on one afternoon session in each week until the end of March, when it was held on an additional session in each week. The total number of attendances was 1,621, the number each month being as follows:—

January	...	113	July	...	152
February	...	73	August	...	70
March	...	134	September	...	161
April	...	135	October	...	185
May	...	141	November	...	180
June	...	135	December	...	142

Dr. Gaitskell examined at each session four or five and latterly eight new cases and re-examined those due for re-examination ; each new child attends at least twice before spectacles are prescribed, and also if spectacles are prescribed upon a third occasion in order that he may certify that the latter are accurately fitted and in accordance with his prescription.

He has submitted the following report upon the work of the year.

(1) Defective Vision and Squints.

155 cases were sent up for defective vision and of these ten were found to be Hypermetropic ; 52 had simple or compound Hypermetropic Astigmatism and 21 suffered from mixed astigmatism in one or both eyes.

96 cases were sent up for asthenopia, i.e., eye strain, and on examination it was found that 32 had Hypermetropia, 47 suffered from simple or compound hypermetropic astigmatism, one had myopia, seven had simple or compound myopic astigmatism and nine had mixed astigmatism in one or both eyes.

47 new cases of squint were examined, 38 being convergent, three divergent (one paralytic) and six alternate convergent squints. Of the convergent squints, 12 had hypermetropic astigmatism, one myopic astigmatism and two mixed astigmatism. Of the divergent squints, two had mixed astigmatism, and one each had hypermetropia, hypermetropic astigmatism and myopic astigmatism. Eighteen of the children with squints had approximately equal refractions in each eye.

4 new cases were instances of anisometropia and the more defective eye could not be improved.

In five cases, the defective visual acuity was associated with normal or slight errors of refraction, particulars of which are as follows :—

- (a) R.V. 6/12. L.V. 6/24. Refraction normal. Fundus of each eye showed a somewhat white disc and a deep physiological cup with the retinal vessels displaced towards the nasal side of disc.
- (b) R.V. 6/36. L.V. 6/60. Refraction $\frac{1}{2}$ D.H. Astigmatism in each eye. The error was not sufficient to account for the defect in vision so child was sent up for an opinion to the Royal London Ophthalmic Hospital at which it was considered to be a case of defective visual acuity.
- (c) V.R. 6/24. V.L. 6/24. Normal refraction. No fundus changes.
- (d) V.R. 6/24 with + 0.75 = 6/6. V L. 6/60 with + 1.0 = 6/12. Left fundus showed a very large physiological cup.
- (e) V R. 6/18 with + 0.25 = 6/9. V L. 6/18 with + 0.5 = 6/12. No fundus changes.

In 24 cases sent up for examination, vision and the eyes were found to be normal.

(2) Diseases, etc., of the eye.

The following cases of disease or deformity of the eye came under observation at the Clinic during the year, viz. :—

Hordeoli	...	...	...	...	3	Conjunctivitis	...	...	...	4
Blepharitis	...	...	...	...	3	Phlyctenules	...	...	...	6
Suppurating Meibomean Cysts	...	...	...	...	2	Corneal Nebulae	...	...	...	4
Fascicular Keratitis	...	...	...	...	1	Interstitial Keratitis	...	...	...	2
Epicanthus	...	...	...	...	1	Pediculi Ciliaris	...	...	...	1
Severe scar lower lid	...	...	...	...	1	Conjunctival abscess	...	...	...	1
Old iritis	...	...	...	...	1	Progressive myopia	...	...	...	1
Pinguecula	...	...	...	...	1	Congenital Ptosis	...	...	...	1

Several of the children with eye disease who were under treatment at the Eye Clinic attended the Minor Ailment Clinic at the Health Office for treatment during the intervals as e.g., instillation of atropine, fomentations, irrigation of eye, etc., etc.

Revised quotations received from local firms of opticians for the supply of spectacles to school children being considered exorbitant, spectacles have since March, 1920, been purchased at contract rates from a London wholesale firm, the fitting being carried out by the Medical Officers at the Inspection Clinic. During the nine months, 230 spectacles have been ordered and 14 repaired. The total cost of the spectacles ordered was £78 8s. 3d., of which £4 6s. 9d. was in respect of spectacles supplied free to school children, their parents being considered by the Children's Care Sub-Committee to be unable to provide the same,

(g) *Ear disease and hearing.* Owing to the lack of facilities at the present Clinic at the Health Office, it has not been found possible to organise a systematic crusade for the adequate treatment of children suffering from ear discharge, although every effort has been made by visitation to the homes and by personal interviews with the mothers at the schools and Clinic to impress upon them the great need for long continued treatment of this condition. Many cases have had operations for adenoids and the necessity for breathing exercises has been insisted upon. Two of the children have been referred to hospitals for radical mastoid operations.

(h) *Dental Defects.* The whole-time dentist has continued to carry out most valuable work as will be seen from the tables at the end of the report ; he has submitted the following remarks :—

Inspections. The most noticeable fact compared with the figures for 1919 is the fall in the percentage of those children requiring treatment from 61.5 to 51.9. This reduction is somewhat misleading, inasmuch as the totals include two inspections of the groups 6 to 7 and 5 to 6, the latter being the group requiring the least treatment. A further explanation is that there is an appreciable reduction in the numbers of the older children requiring treatment, as a result of the work in 1919. The greater percentage is still to be found between the ages of 9 and 11.

The time occupied in inspection is still about one-third of that available and cannot usefully be reduced ; continual and regular inspections during this important developmental period cannot be too strongly emphasised, not only from the point of view of treatment but from that of instruction. The parents of any children who have not been treated after a first inspection, are stimulated to an interest in the welfare of their children's teeth after a second notice.

Treatment. As compared with 1919, the percentage of children treated at the Clinic on the total number of children referred for treatment shows a slight fall, but it is estimated that 8 per cent. have been treated privately, by qualified dentists, particularly in the western schools of the Borough. The average attendance at the Clinic has been kept up, each session being booked up with appointments a fortnight ahead. Except in very necessitous cases a charge of 6d. is made in respect of each attendance for treatment.

Regulation cases. An arrangement was made in July with a dental mechanic to the profession, to make corrective plates for children with simple irregularities at the parents' cost. Several cases have been successfully treated in this way, but at present it will not be possible to extend this department until either the staff is increased or there is an appreciable reduction of the more urgent requirements of dental disease.

Recommendation. In order to relieve the normal clinic of congestion from special or urgent cases referred by the School Medical Officers, I propose to be in attendance at the Dental Clinic from 9.30 to 10 every morning for treatment of such urgent cases. This will not materially affect the work of dental inspection at school during morning sessions as 10.15 a.m. is usually early enough to be in attendance for such inspections.

Statistics. The tables in the form required by the Board of Education are included in the Appendix, but I submit two other tables respectively showing the total attendances at the Clinic and the particulars of inspections for each school.

(1) Attendances at Dental Clinic.

From Routine Inspection, 1919	...	...	120
From Routine Inspection, 1920	...	...	2,221
Special Cases sent by School Medical Officers			320
Second appointments	...	...	417
			3,078

(2) Dental work at each School.

SCHOOL	Inspected by Dentist	Referred for Treatment	Actually treated			Re-treated as result of period- ical examina- tions
			by 1920	Jan. 1921	Totals	
Hamlet Court Road ...	1402	725	292	8	300	99
Bournemouth Park Road ...	1276	636	232	2	234	55
Westborough ...	1368	757	242	2	244	61
Southchurch Hall ...	1154	632	245	1	246	61
London Road ...	1054	532	211	9	220	43
Hamstel ...	910	444	165	2	167	33
Chalkwell Hall ...	947	485	258	—	258	77
Prittlewell ...	301	130	65	—	65	23
Brewery Road ...	700	428	152	—	152	33
North Street ...	783	411	147	8	155	32
Westleigh ...	514	232	95	—	95	16
St Helen's ...	208	94	45	—	45	9
Sacred Heart ...	154	84	51	2	53	9
Southchurch National ...	110	58	13	—	13	1
Queens Road ...	29	16	8	—	8	—
Special Cases (all schools)	320	320	320	—	320	—
Totals ...	11230	5984	2541	34	2575	552

(i) *Crippling defects and Orthopedics.* Apart from the cases dealt with at the Remedial Centre referred to hereafter, the only means of obtaining treatment for orthopedic defects is at the London Hospitals and every endeavour is made by the Civic Guild of Help to assist necessitous parents to obtain thereat suitable treatment for children suffering from defects such as wryneck, club

foot, deformities due to infantile paralysis, etc. During the year surgical boots, etc., have been supplied at the expense of the Education Committee to four boys who would otherwise have been unable to attend school ; the particulars of these cases are as follows :—

- (a) Case of infantile paralysis—Surgical boots costing £4 1s. 6d. towards which the parents were required to contribute £3 10s. od. by instalments of 5/- weekly.
- (b) Shortening of right leg—Surgical boots costing £4 os. od., the parents making no contribution.
- (c) Deformity due to old infantile paralysis—Repair of irons and surgical boots at a cost of 16/6 towards which parents contributed 10/6.
- (d) Case of Talipes—Surgical boot at a cost of £2 7s. od. towards which parents paid £1 7s. od.

IX. Open-air Education.

There are no open-air schools although the Committee has adopted the principle and propose in due course making suitable provision which is especially necessary in this Borough, having regard to the number of children in the Borough who are the offspring of tuberculous parents, and to the number of delicate children who are brought to reside in the Borough on account of malnutrition, liability to catarrh, suspected tuberculosis, etc., etc. As far as possible classes are held in the playground, and this is especially the case during drill and physical exercises. School camps have not been instituted in connection with the Borough schools and the same remark applies to school journeys apart from occasional visits of classes to objects of interest in the immediate neighbourhood.

X. Physical Training.

The Organiser of Physical Training is in charge of the Remedial Treatment Centre, and in this capacity is on the staff of the School Medical Officer. Children found during routine medical inspection or at the inspection clinics to need modified exercises are referred to the Head Teachers with information as to the special exercises necessary or the limitations advisable ; those requiring special exercises for remedial purposes such as the correction of spinal curvature, flat foot or other deformities are referred to the remedial treatment centre which they attend so long as any benefit is likely to accrue. The following report on her work during 1920 has been submitted by Miss A. G. Gates, the Organiser of Physical Training.

Supervision of Physical Training. During the year 681 classes have been visited, about 30 per cent. of these being demonstration lessons to those teachers who required help and suggestions. Every school in the Borough is now supplied with net-ball apparatus and jumping stands which were specially made at the wood-work centre.

Inter-form Drill Competitions. Several of the large schools have adopted a series of Inter-form Competitions, marks being given for the performance of any table asked for, which is included in the term's work. A voluntary dance is also included and 25 marks per team given for general personal tidiness, which in many cases resulted in proper shoes and gymnasium tunics being provided by the parents. The whole class work in the Competition and *not* a picked team, the larger classes being given half a mark for each girl in excess of the minimum.

Jones Memorial Ground. Arrangements have been made whereby three of the Schools have games for the last period in the afternoon on the ground. Two of these schools reap great benefit by this, as their own playgrounds are too small for organised games, such as net-ball or hockey.

On the occasion of the Duke of York's visit to open the ground on July 14th, over 250 girls were participating in various games such as hockey, net-ball, tennis, rounders, defend the tower, captain-ball and various playground games, as well as drill, skipping and work in the open-air gymnasium.

Net-Ball League. A Net-Ball League has been inaugurated, open to all Girls' Elementary Schools in the Borough. Seven schools have entered and matches are now in progress, the champion school being decided by the number of points obtained.

Swimming Instruction. Arrangements have been made for attendance at the open-air bath at Westcliff for 50 girls from the large schools and from 18 to 30 from the Church schools for instruction in swimming, diving, etc., once a week during the summer months. The girls are accompanied by two of their own teachers and, in addition, there are two Instructors at the baths. At the Annual Swimming Competition held on July 21st, there were 590 entries for the various races, etc., and during the season 632 children gained swimming certificates for distances ranging from 25 to 2,000 yards.

Girls' High School Competition. Two drill competitions have taken place during the year, one inter-form and one individual, at which I was asked to judge.

Teachers' Classes. A course of ten lessons for Girls' School Teachers was arranged from March 4th to May 20th. There were 108 entries, the class being divided into two. The first hour with 57 on the roll, had an average attendance of 37, the second hour with 51 on the roll, an average attendance of 33. The net-ball class opened for ten weeks, at two centres. One centre had 35 entries with an average attendance of 16, the other had 30

entries with an average attendance of 13. A course of ten lessons for Infant Teachers was arranged from September 30th to December 9th. There were 101 entries, the class being divided into two. The first hour had 44 on roll with an average attendance of 33, the second hour had 57 on roll with an average attendance of 34. Both Girls' and Infants' Teachers' Courses were on the New Syllabus.

Remedial Treatment Centre. The Centre was opened on July 2nd and up to the end of the year was held on 17 morning sessions and 68 afternoon sessions. During this period the total number of attendances was 529 of which 146 were made by boys and 383 by girls.

Children suspected by the Head Teachers or myself to be suffering from deformities likely to be benefited by physical exercises are referred to the School Medical Officer for examination; if the defect is slight the child receives special exercises at school from the class teacher in consultation with myself; if on the other hand the deformity is such as to need special remedial treatment, the child is referred to the Treatment Centre, careful records being kept by the Medical Officer as to the extent of the deformity and of the results of treatment.

Ordinarily the children attend the Centre on two sessions a week, the exercises as a general rule extending over a period of thirty minutes each session; as far as possible two, but not more than two children each suffering from the same type and degree of deformity receive exercises together.

The children who have been referred for treatment include mainly cases of scoliosis, although three cases of kyphosis, one of lordosis and one of genu valgum have also attended. The treatment given comprises a series of general strengthening exercises with the special exercises, passive and active, needed for the deformity. The results so far have proved encouraging especially in those with the milder degrees of deformity; two of the cases of scoliosis are very marked and have reached the third degree, and although there is hardly any appreciable reduction in the deformity the children say they feel greater mobility and ease of movement.

XI. Provision of Meals.

The following statistics relative to the provision of meals for necessitous elementary school children have been supplied to me by the Director of Education.

		Dinner.	Tea.
Number of children ...	...	152	48
Number of meals ...	...	8654	2146
Cost per meal ...	...	7d.	5d.
Total cost of meals ...	...	£297 2s. 4d.	

In addition, 31 children have been provided with milk at a cost of £9 2s. 1d. and 18 with Oil and Malt at a cost of £1 10s. 0d.

A number of children who, for various causes, mainly through inability to attend school from illness, are ineligible for milk or meals under the Act have been assisted out of Voluntary Funds, 10 receiving milk, two eggs, two meals, and two virol.

The children are provided with meals at the establishments of caterers ; the menus which are submitted for the approval of the School Medical Officer are satisfactory and the meals are appropriately served ; although achieving its purpose in so far as it obviates children being in attendance at school whilst suffering from hunger as the result of inability of their parents to provide them with adequate food, the present scheme cannot be regarded as ideal as many of the benefits which should accrue to the children are lacking.

The children to be fed are in the main selected by the Head Teachers and Attendance Officers, the latter reporting on each case to one or other of the District Care Committees who take every precaution to see that the privilege is not abused. The names of all children being fed or supplied with milk, etc., under the scheme are forwarded to the School Medical Officer and each child is kept under special observation.

XII. School Baths.

No baths are provided at the schools; children in attendance in upper classes of the senior departments are instructed in swimming at the public open-air swimming baths during the season.

XIII. Co-operation of Parents.

Invitations are invariably sent to the parents to attend at the school for the routine medical inspection of their children, appointments being made for them to attend at a named half-hour so as to avoid undue waiting on their part. During the year the percentage of parents who attended was as follows:—

		<i>Boys.</i>	<i>Girls.</i>
Leavers	... ..	24.7	50.2
Intermediates	... ..	71.8	73.7
Entrants	... ..	67.2	70.5

When parents are not in attendance at the routine medical inspection of any child found to have defects requiring attention, a letter is forwarded to them by the School Medical Officer notifying them of the defect and urging them to seek medical advice from the family doctor ; in cases of defective vision or which require urgent dental treatment, letters are sent to the parents inviting them to attend the eye or dental clinic on a day and at an hour named.

XIV. Co-operation of Teachers.

The teachers continue to select the children due for routine inspection, to prepare their medical inspection cards, to obtain their previous history, and to enter on the medical inspection cards particulars as to the regularity of attendance, clothing and footgear. They also select "specials," i.e., children not due for routine medical inspection, but thought to be ailing or to have remediable defects. They constantly refer to the Inspection Clinic children who, in their opinion, need medical treatment and, in the intervals of visits to the school for routine inspection, habitually notify the Medical Officers of any child who appears to be neglected, ill-nourished or ailing.

The Teachers have from the inception of the School Medical Service taken a very keen interest in all matters pertaining to the health of their scholars and much of the success which has attended the work has been due to their co-operation.

Arrangements have been made for intimations to be sent to the Head Teachers of all children found at routine inspections to have remediable defects as by so doing it is hoped to enlist their aid in persuading parents to secure the treatment necessary.

XV. Co-operation of School Attendance Officers.

The Attendance Officers are in daily communication with the Medical Officers and Nurses and promptly notify any child absent from any illness which might be infectious or contagious or for whom no adequate medical treatment or nursing treatment appears to have been provided ; they refer to the Inspection Clinic children whose absence is alleged to be due to illness but who are not under medical care ; they arrange that children absent for chronic conditions such as scalp ringworm, debility, etc., attend at the inspection clinic at regular intervals for observation by the Medical Officer ; they collect the contributions payable by the parents in respect of medical treatment or the provision of spectacles ; they report on all children believed to be in need of school meals ; they receive

intimations of all exclusions from school and of all re-admissions to school on the certificates of the Medical Officers and each day consult the records of the Inspection Clinic. They submit at weekly intervals to the School Medical Officer all medical certificates given by private practitioners as to absence of children from school on account of illness and by their intimate knowledge of the home conditions of many of the children are of very great assistance in making enquiries; in fact it may be said they play a very important and useful part in the working of the school medical service.

XVI. Co-operation of Voluntary Bodies.

The Children's Care Sub-Committee by means of its Voluntary Funds provides milk, etc., for necessitous children who are temporarily absent from school and unable to attend at the Centres for Meals. It also provides Oil and Malt, Parrishes Food, Virol, etc., for necessitous children reported by the Medical Officers to need such treatment. It also provides boots and pays for repairs of boots in necessitous cases.

The Civic Guild of Help undertakes all enquiries for the Education Committee as to the financial position of parents unable to pay for the operative treatment by private practitioners of Tonsils and Adenoids or to pay for spectacles or for surgical boots or other appliances. The Guild arranges for the reception into London or other hospitals of children requiring special treatment thereat, obtaining subscriber's letters, assisting in rail fares, the provision of clothing, and in any other direction needed. The Guild also secures admission to Convalescent Homes or Holiday Homes of children convalescent from debilitating illnesses or who for any cause are recommended by the Medical Officers change of air.

XVII. Blind, Deaf, Defective and Epileptic Children.

(a) *Ascertainment.* Children found to be deaf or to be suffering from defective vision are presented by the Head Teacher as specials at the routine medical inspection or in the intervals between such inspections are referred to the Inspection Clinic and are thereafter kept under regular observation either at the Inspection Clinic or Eye Clinic as the case may be. Should the deafness be chronic and prevent the child from deriving benefit from instruction in ordinary schools, or should the visual defect be so great as to render the child unable to read the ordinary school books the case is reported to the Committee which thereupon makes arrangements for the child's being sent to a suitable residential school,

The same remarks apply to children suspected to be subject to the Education (Defective and Epileptic) Act, the names of feeble-minded children found to be feeble-minded as judged by the Binet-Stanford tests of intelligence and to require special instruction being placed on the waiting list for the Committee's day special school ; in cases, however, in which the home surroundings are such as to render removal to a residential institution desirable in the child's interests, suitable arrangements are made to that end. Owing to the Committee's day special school being approached by a steep staircase, it is not possible to admit thereto children who suffer from fits while as yet no special provision is made for the education of physically defective, other than blind or deaf, children unable to attend ordinary school ; so far as children suffering from tuberculous disease is concerned this omission will be remedied upon the erection of the Council's Tuberculosis Hospital at which it is proposed to have a special pavilion for children for whom suitable education will be provided.

(b) *Special Schools.* The only Special School provided by the Local Education Authority is that in Queen's Road devoted to the education of feeble-minded children. It is immediately adjacent to one of the Manual Instruction Centres and is in a central position near the tramways and hence is convenient of access. As already stated, it is approached by a steep stone staircase which is most disadvantageous. It consists of two classrooms separated by a movable partition and has accommodation for 40 children only, which is totally inadequate for the number of children who require special instruction. One slipper bath is provided but no showers or sprays. The only provision for meals is at the adjoining medical inspection room which is not well adapted for the purpose.

As a result of the very limited accommodation available, the children admitted to the Special School are of comparatively low grade, the higher grade defectives being retained in the elementary schools and placed either in ordinary classes for the backward or in some schools in special homecraft classes in which stress is laid upon hand work.

The numbers admitted and discharged during the year are shown in the following table:—

	Males.	Females.	Totals.
On books on 1st January ...	22	15	37
Admitted during 1920 ...	10	5	15
Left during 1920 ...	5	3	8
On books on 31st December	27	17	44

Of the admissions, eight children were from the Public Elementary Schools, three from private schools, one from a Special School in London, and three had never previously been to school. Of these seven have made considerable progress since their admission, one returned to London after a stay of two weeks only, one has made no progress educationally as yet, although there has been some improvement in behaviour, while the others though making slow progress show very marked improvement in their aspect, particularly noticed by their previous teachers who have commented on the change from their former dull uninterested manner.

Particulars of the eight children who left during the year are as follows:—

- (1) Boy, aged 15, unable to attend school or to work owing to chronic Bronchitis and Asthma.
- (2) Boy, aged 13, left town with his parents for Canada.
- (3) Boy, aged 15, is at work—boot repairing.
- (4) Boy, aged 14, is at work as a labourer.
- (5) Boy, aged 14, is at work as a farm labourer.
- (6) Girl, aged 12, returned to London.
- (7) Girl, aged $8\frac{1}{2}$, transferred to residential special school, owing to unsatisfactory home conditions.
- (8) Girl, aged $8\frac{1}{2}$, has Tabes Mesenterica and is consequently medically unfit to attend school.

The school is organised in two divisions and to make provision for the varying attainments of the children, each division is divided into two classes A & B. Approximately the work undertaken in each is as follows:—

- Upper A. Children read Standard III books, work simple problems and bills in money, and attempt simple composition.
- Upper B. Children read Primer II, add and subtract tens with objects, transcribe from primer and write easy sentences from dictation.
- Lower A. Children read Primer I and learn letters and sounds; place objects up to 10; work with various apparatus for connecting symbols with numbers; copy letters and words from blackboard and primers.
- Lower B. Children are taught to recognise a few letters (Montessori method), to copy letters with chalk on blackboard, or with sand, to place objects up to two, etc., etc. Speech, sense, and colour lessons are given as also lessons on Montessori lines in dressing, buttoning and unbuttoning, fastenings, hooks and eyes, press-studs, lacing, etc.

In both divisions, much stress is laid on handwork, but the facilities available are hardly adequate ; it is only possible for ten boys to have woodwork lessons and then only for two hours a week ; 10 boys and 10 girls have cookery or laundry lessons for two hours a week. The girls spend much time in needlework (both in making and mending), in machine work, and in embroidery and fancy stitches. Chair-caning discontinued during the war owing to lack of materials has now been started again. In the lower division the usual handwork taught in previous years has been continued such as raffia weaving, modelling, paper cutting, paper flower making, etc., etc.

In spite of the handicaps involved by unsuitability of the premises, inadequacy of the facilities for manual work, difficulty in classification of pupils owing to the small numbers, and by the low standard of mentality of the pupils as a result of the accommodation only being sufficient to allow of the admission of the lowest grades of defectives, the two teachers continue to render devoted service and take that individual and sympathetic interest in their pupils so necessary in the training of the feeble-minded.

Notifications to Mental Deficiency Committee. During the year six boys and three girls were notified to the Mental Deficiency Committee as under :—

	Males.	Females.
Incapable of receiving benefit in Special School	2	1
On leaving special school on or before attaining the age of 16	4	1
On being certified to be permanently medically unfit to attend school	—	1

After-care. There is no special after-care Committee, although the Children's Care Sub-Committee does what is possible to assist the children and each case is kept under observation by the Health Visitors who pay domiciliary visits at least once every two months and more frequently when necessary, 169 such visits being paid during the year.

The following table shows the after-career of the pupils who were born in 1899 or later who have left the Special School.

	Mentally Males.	Defectives. Females.
Number of cases reported upon	30	27
Number doing remunerative work	20	10
Percentage doing remunerative work	66	37

			Mentally Males.	Defectives. Females.
Doing no work :—				
(a) Living at home—				
(I) Dismissed as incapable	...	...	—	—
(II) Useful at home	...	...	—	5
(III) Not useful at home	...	...	3	4
(b) In Institutions—				
(IV) Asylums or institutions for the Mentally Defective	...	...	5	3
(V) Workhouses or other institutions			—	1
Transferred to—				
(I) Ordinary schools	...	...	2	3
(II) Other special schools	...	...	—	1
Left town—				
(I) Before School				
Exemption age	...	...	17	14
(II) After School				
Exemption age	...	...	1	—
Number reported dead	...	...	3	—

The following table shows the after-careers of children formerly attending the special schools who have left the school since 1910.

	Males.	Females.	Total.
1. Number of children who have left the School since 1910	57	41	98
2. Number who			
(a) have since died	4	—	4
(b) are known to be in- capable by reason of mental or phy- sical defect of undertaking em- ployment	5	3	8
(c) are in attendance at an institution for further education	3	2	5
(d) are in any other in- stitution	4	5	9

	Males.	Females.	Total.
3. Number who are employed—			
(a) Industrial or Manual occupations ...	13	2	15
(b) Agricultural or rural occupations ...	1	—	1
(c) Domestic occupations including those who are helping in domestic work at home ...	—	18	18
(d) Commercial, professional or clerical work ...	3	1	4
(e) Blind alley or other precarious occupations ...	6	—	6
(f) In army ...	1	—	1
4. Number who have left the neighbourhood ...	16	8	24
5. Number lost sight of ...	1	2	3

Of the five ex-pupils who are in attendance at an institution for further education, one youth aged 22 is at a Horticultural College, one boy aged 15 is at a private residential special school, one boy and one girl, both aged 14, are at a public elementary school, and one girl aged 12 is at a residential special school at the expense of the local authority.

Of the nine ex-pupils who are in other institutions, four boys and four girls are at the Royal Eastern Counties Institution at Colchester, two of the boys having been sent thereto on conviction for offences ; the remaining pupil, a girl, is a patient at the Rochford Poor Law Infirmary.

The following table shows the employment of those engaged in industrial or manual occupations:—

Occupation.			Number engaged.	Alleged Wages.
Boys.	Builder's Labourer	...	5	£5 weekly, 30/- weekly, 1/- an hour, 15/- per week, and unknown respectively.
	Slater and Tiler	...	1	Unknown.
	Brickmaker's Labourer	...	1	Unknown.
	Painter's Labourer	...	1	1/4 an hour.
	Billposter	...	1	25/- per week.
	Chimney Sweep	...	1	25/- per week.
	Boatbuilder	...	1	Works with father.
	Bootmaker	...	1	Works with father.
	Engine Cleaner	...	1	Unknown.
Girls.	Label-sticker	...	1	£1 weekly.
	Laundress	...	1	28/- weekly.

One youth is employed as a farm labourer at a weekly wage of 24/-

Of the 18 girls who are employed in domestic occupations, eight work at home, eight are daily maids at wages of 3/- a day, 5/- a week, and 6/- a week in the three cases in which the wages are known, one is a cook and the remaining one is a kitchenmaid (wages unknown).

Of the four ex-pupils who are engaged in commercial, professional or clerical work, one youth is a postman, one assists in a newspaper shop, one is an assistant to a confectioner (wages 30/- weekly) while the girl pupil is an assistant in a tobacconist's shop.

Of those engaged in blind alley occupations, two are errand boys earning 14/- a week, while the other four do odd jobs and were out of work at the end of the year.

Two of the male ex-pupils and one of the girls are married, although the latter is of low intelligence, and according to her mother with whom she lives, is unable to look after her infant and is of little assistance in the domestic work of the home.

XVIII. Nursery Schools,

There are no nursery schools in the Borough, and in view of the nature of the town and its residential character, such would not appear to be necessary or indeed desirable.

XIX. Secondary Schools,

(a) *Routine Medical Inspection.* As in previous years routine medical inspection of the entrants, leavers and specials at the High School for Boys and the High School for Girls has been carried out ; similarly the entrants into the newly opened Commercial school were submitted to medical inspection.

Notice of the intended medical inspection is sent to the parents by the Principals of the schools inviting them to attend at the time of the medical examination, and the following table shows the number of pupils inspected at the different ages at the several schools and the number of parents who were present at the Medical inspection.

High School for Boys.			High School for Girls.		Commercial School.				Total.	
Age	No. of Pupils examined	No. of parents who attended	No of pupils examined	No. of parents who attended	Boys.		Girls		No. of Pupils examined.	No. of Parents who attended
					No of pupils examined	No. of Parents who attended	No. of Pupils examined.	No of Parents who attended		
11	36	29	36	26	9	8	11	11	92	74
12	140	102	58	50	50	45	32	24	280	221
13	99	68	16	11	40	29	23	17	178	125
14	12	5	5	2	23	16	16	15	56	38
15	20	8	9	1	1	1	—	—	30	10
16	35	5	17	1	—	—	—	—	52	6
17	17	3	15	5	—	—	—	—	32	8
18	—	—	9	1	—	—	—	—	9	1
19	—	—	1	—	—	—	—	—	1	—
20	—	—	1	—	—	—	—	—	1	—
Totals ..	39	220	167	97	123	99	82	67	731	483
Percentage of Parents who attended		61 per cent.		58 per cent.		80 per cent.		81 per cent.		66 per cent.

Each of the schools was visited twice during the year, the total number of sessions spent at each school inclusive of time spent in examining specials, and in re-examinations being as follows:—

High School for Boys	...	16
High School for Girls	...	10
Commercial School	...	8

(b) *Results of Inspection.* A large proportion of the children examined having been transferred from the public elementary schools at which they had been subject to routine medical inspection, it is not surprising to find that many of their defects had already received or were receiving treatment. For example, 47 or 9.8 per cent. of the boys and 39 or 16 per cent. of the girls were already wearing spectacles, while a number of the children had within the previous year had operative treatment for enlarged tonsils and adenoids.

The following remarks may be made upon the result of the inspection which are set out in tabular form in the statistical tables at the end of the report.

Malnutrition. Only two pupils were reported to be very badly nourished, one having recently recovered from an attack of pleurisy and the other being a tall lanky youth who, in addition to being much under average weight, had atonic muscles and was anæmic having apparently outgrown his strength. In addition, seven boys and three girls were found to be much below average weight, with somewhat atonic muscles, while 42 boys and 15 girls were found to be exceptionally well-nourished.

Uncleanliness. Five of the girl pupils were found to have nitty hair, but all were recent admissions, and in only one instance was the condition a gross one.

Skin Disease. Two of the girls suffered from impetigo, one from acne and two from urticaria, while of the boys three had acne, one alopecia areata, one catarrhal herpes, one flexural eczema, and one eczema auris.

Eye Disease. The four pupils who had squints were already wearing spectacles, but their vision required re-testing. As already remarked, 47 of the boys and 39 of the girls were already wearing spectacles; five of these were referred for re-testing and in addition 22 pupils who appeared to be suffering from eye strain or whose vision

was defective, were referred for refraction. One boy had had one eye excised, one had a collapsed globe, while one girl had a moderately severe corneal nebula. In 11 instances pupils suffered from more or less marked blepharitis.

Hearing. Six of the pupils had intermittent otorrhœa ; no instance of severe deafness came under notice although in ten instances hearing was impaired, three being apparently due to impaction of cerumen.

Nose and Throat. In only four instances was operative treatment for enlarged tonsils considered necessary, while in one instance marked nasal obstruction due to adenoids similarly led to operation being advised. In 24 instances one tonsil was markedly hypertrophied, while in 68 instances both tonsils were somewhat enlarged, all these cases being noted for re-examination. In many instances operations for adenoids and tonsils had been performed within recent years. In two instances boys had marked deflection of the nasal septum, but it was not deemed advisable to refer them for operative treatment.

Defective Speech. Two of the girls had a marked lisp, whilst six boys stammered, but of these cases only one was severe and in two the disability was only occasional.

Dental Diseases. Eighty or 16.6 per cent. of the boys and 48 or 15.3 per cent. of the girls had carious permanent teeth which required dental treatment.

Heart Disease. One boy had slight dilatation of the heart associated with anæmia and an atonic condition of the muscles generally, while two boys and two girls had valvular disease well compensated at the time of examination. There were eight cases of functional disorder of the heart ; two girls had tachycardia and one very weak action of the heart, while three boys had markedly irregular hearts, one was subject to fainting fits upon occasions and one had an exocardial bruit.

Anæmia. Of the boys 11 suffered from anaemia while 15 of the girls also suffered from this disease.

Tuberculosis. Only one case of pulmonary tuberculosis came under notice and in this case the disease was apparently arrested there being no symptoms or physical signs of activity beyond a slight deficiency in weight. One boy

had been under treatment for suspected phthisis of which, however, he presented no definite evidence although it was deemed advisable to refer him for continued treatment.

Nervous System. Eight of the boys were noted as being very nervous or overstrung, but in some of the instances it was possible that the condition was a temporary one due to examination strain.

Deformities. As usual, spinal curvature was the commonest deformity noted, but in no instance was it extreme. The following table shows the number of cases of each kind of deformity.

	<i>Boys.</i>	<i>Girls.</i>
Scoliosis, moderate ...	2	6
slight ...	9	3
Kyphosis, slight ...	4	—
Lordosis, slight ...	—	1
Round shouldered ...	3	11
Pigeon chested, moderate	2	—
slight ...	10	—

In 10 instances it was deemed necessary that the pupils should received special exercises.

Of the other deformities, one girl had congenital dislocation of the hip, one youth had a congenital deformity of right leg, while three pupils (two boys and one girl) had withered limbs, the result of an attack of infantile paralysis.

Other conditions. Ten of the pupils had had operations on appendix and in two instances there was a tendency to a ventral hernia through the scar. One boy was found to have Spina Bifida Occulta, one had an atrophied testicle, one had infantile hydrocele, three had undescended or partially descended testicles with a tendency to hernia, two had nocturnal incontinence of urine, three required circumcision, nine had varicocele but only to a slight degree, while one had marked thickening of the clavicle which, upon X-ray examination, proved to be inflammatory in origin and not sarcomatous as was suspected.

(c) *Facilities for treatment available.* Parents if present at the examination are notified of any defect found to be existing and advised to consult their family doctor in instances in which medical treatment appears advisable ; should the parent not be present, a communication is sent by post.

Up to the end of the year, no facilities for treatment of pupils at the Secondary Schools have been provided by the Education Committee, although in cases of defective vision in which the parents are reported not to be in a position to pay the fees of an oculist, the pupil is referred to the Education Committee's Eye Clinic ; during the year six children were thus referred.

Dental treatment, particularly, appears to be beyond the reach of a very large number of the pupils and it would be desirable that in necessitous cases the Committee should allow treatment of secondary scholars to be carried out at the Dental Clinic on special sessions set apart for their attendance.

Suitable physical exercises are provided at the schools for pupils found to be suffering from spinal curvature and similar deformities, an extra fee, however, being payable for any course of special exercises.

(d) *Results of re-examinations.* With the exception of dental defects, re-examination of 135 boys and 22 girls found at previous examinations to have defects needing treatment showed that the large majority had received such treatment and had benefitted accordingly. Thus, of the girls re-examined, nine out of ten suffering from defective vision had received treatment, five cases of lateral curvature had improved as the result of exercises but only one out of five had received dental treatment. Similarly in the case of the boys, seven out of 12 referred for refraction had been provided with spectacles, 13 out of 16 referred for various ailments as, e.g., hernias, otorrhœa, nocturnal incontinence, deformities, mouthbreathing, etc., had received treatment while only nine out of 43 in need of dental treatment had obtained the same. The re-examinations took place in the early autumn, and many other pupils received treatment before the end of the year as the result of the activity of the Principals of the Schools bringing pressure to bear on the parents as a result of the re-examinations.

XX, Continuation Schools.

The opening of continuation schools has been postponed for the time being.

XXI, Employment of Children.

The Borough being a non-industrial area, there are no employments open to children other than as errand boys, and on milk or newspaper rounds. Thirty boys between 14 and 16 hold licences to engage in street trading under the Byelaws in force which prohibit street trading by boys under 14 or girls under 16.

New byelaws dealing with the employment of children are under consideration.

GRANT PUGH,
School Medical Officer.

Public Health Offices.

May, 1921.

TABLE I.

Board of Education's Tables. - Elementary Schools

Number of Children Inspected 1st January, 1920 to 31st December,
1920.

A. Routine Medical Inspection *

Age.			Entrants.				
			3	4	5	6	Other ages.
Boys	...	...	—	—	436	284	44
Girls	...	...	—	—	388	260	53
Totals	...	...	—	—	824	544	97

Age.			Intermediate Group.	Leavers.			Other ages.	Total	Grand Total
			8	12	13	14			
Boys	..	...	439	468	513	119	2	1541	2305
Girls	...	.	248	415	439	84	3	1189	1890
Totals	...	...	687	883	952	203	5	2730	4195

B. Special Inspections.

			Special Cases**	Re examinations (i.e., No. of children Re-examined.)
Boys	...	...	199+1255***	209
Girls	...	...	244+1376***	183
Totals	...	...	443+2631***	392

- C. Total Number of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in the Year).

No. of Individual Children inspected.
5,030.

*Routine Medical Inspection is medical inspection carried out on the lines of the approved Schedule at the time when routine medical inspection is due and made on the school premises or other place sanctioned by the Board of Education under the Code.

** "Special Cases" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the School or the Clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

***At Inspection Clinic and include children examined as to freedom from infectious and contagious diseases and as to fitness for school.

TABLE II.

Return of Defects found in the course of Medical Inspection in 1920.

This table is a record of defects and not of individual children who are defective. For the sake of convenience cases of Squint are not recorded also under the heading of "Defective Vision," and cases of defect of Nose and Throat are included in one only of the sub-headings. As regards "Teeth," particulars are given in the statements of the work of schemes of (1) dental inspection, (2) findings including oral sepsis, and (3) treatment. (See also Table IVD.)

						Routine Inspections.		Specials.	
						Number referred for treatment	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment	Number requiring to be kept under observation, but not referred for Treatment
[1]						[2]	[3]	[4]	[5]
Malnutrition	...	...	...	...	...	135	...	59	...
Uncleanliness :—		Head	..	...	...	184	...	263	...
		Body	...	...	...	7	...	16	...
Skin	{	Ringworm :							
		Head	..	...	...	2	...	74	...
		Body	..	...	...	—	...	100	...
		Scabies	..	...	...	11	...	63	...
		Impetigo	...	...	...	21	...	625	...
		Other Diseases (non-Tubercular)				18	...	133	...
Eye	{	Blepharitis				67	...	13	...
		Conjunctivitis				3	...	20	...
		Keratitis				—	...	1	...
		Corneal Ulcer				7	...	2	...
		Corneal Opacities				—	5	...	...
		Defective Vision				304	}	211	...
		Squint				54			
		Other Conditions				14	...	24	...
Ear	{	Defective Hearing				29	...	14	...
		Otitis Media				53	...	103	...
		Other Ear Diseases				—	...	...	...
Nose and Throat	{	Enlarged Tonsils				34	130	70	...
		Adenoids				4	33	31	...
		Enlarged Tonsils and Adenoids				107	286	53	...
		Other conditions				2	..	236	...
Enlarged Cervical Glands (Non-Tubercular)...						—	186	...	96
Defective Speech ...						—	70	...	9
Teeth — Dental Diseases (see above)						612	...	72	...

					Routine Inspections.		Specials.	
					Number referred for treatment	Number requiring to be kept under observation, but not referred for treatment	Number referred for treatment	Number requiring to be kept under observation but not referred for Treatment
[1]					[2]	[3]	[4]	[5]
Heart and Circulation	{	Heart Disease :						
		Organic	...	...	...	25	8	...
		Functional	...	...	...	13	8	...
Lungs ...	{	Anæmia	...	...	106	...	64	...
		Bronchitis	...	...	50	...	61	...
		Other Non-Tubercular Diseases	...	...	48	...	7	...
Tuberculosis	{	Pulmonary :						
		Definite	...	...	1	...	1	...
		Supected	...	...	27	...	11	...
		Non-Pulmonary :						
		Glands	...	...	26	2	9	2
		Spine	...	...	12	...	...	...
		Hip	...	...	1	...	...	...
		Other Bones and Joints	...	...	3	...	...	...
		Skin	...	...	1	...	...	
		Other Forms	...	...	1	...	...	
Nervous System ...	{	Epilepsy	...	...	4	...	3	...
Chorea		...	...	3	...	10	...	
Other Conditions		...	...	30	...	19	...	
Deformities	{	Rickets	...	...	...	49	4	...
Spinal Curvature		...	...	20	26	20	...	
Other Forms		...	...	...	54	20	...	
Other Defects and Diseases...					199	...	354	...
Number of individual children having defects which required treatment or to be kept under observation ...								2051

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1920.

		Boys.	Girls.	Total
Blind, (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act 1893	Attending Public Elementary Schools	—	1	1
	Attending Certified Schools for the Blind	—	—	—
	Not at School	—	1	1
Deaf and Dumb, (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	—	—	—
	Attending Certified Schools for the Deaf	5	4	9
	Not at School	—	1	1

				Boys	Girls	Total
Mentally Deficient.	Feeble-Minded	Attending Public Elementary Schools		11	15	26
		Attending Certified Schools for the Mentally Defective Children ...		27	15	42
		Notified to the Local Control Authority by Local Education Authority during the year		6	3	9
		Not at School		11	7	18
	Imbeciles.	At School		—	—	—
		Not at School		1	4	5
	Idiots.	—		1	—	1
Physically Defective	Epileptics.	Attending Public Elementary Schools		9	7	16
		Attending certified Schools for Epileptics		—	—	—
		In Institutions other than Certified Schools		—	—	—
		Not at School		2	1	3
	Pulmonary Tuberculosis.	Attending Public Elementary Schools		5	5	10
		Attending Certified Schools for Physically Defective Children ...		—	—	—
		In Institutions other than Certified Schools		—	—	—
		Not at School		19	8	27
	Crippling due to Tuberculosis.	Attending Public Elementary Schools		15	8	23
		Attending Certified Schools for Physically Defective Children ...		—	—	—
		In Institutions other than Certified Schools		—	—	—
		Not at School		15	9	24
	Crippling due to causes other than Tuberculosis, i.e. Paralysis, Rickets Traumatism.	Attending Public Elementary Schools		24	15	40
		Attending Certified Schools for Physically Defective Children ...		—	—	—
		In Institutions other than Certified Schools		—	—	—
		Not at School		10	4	14
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools		100	100	200
		Attending Open-Air Schools		—	—	—
		Attending Certified Schools for Physically Defective Children other than Open-Air Schools		—	—	—
		Not at School		29	35	64
Dull or Backward*		Retarded 2 years		90	78	168
		Retarded 3 years		22	19	41

*Judged according to Age and Standard.

TABLE IV.

Treatment of Defects of Children during 1920.

A. Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise	Total
Skin :				
Ringworm—Head ...	76	...	76	76
Ringworm—Body ...	100	...	100	100
Scabies ...	74	28	46	74
Impetigo ..	646	73	573	646
Minor Injuries ...	151	26	125	151
Other skin disease ...				
Ear Disease ...	156	...	156	156
Eye Disease (external and others)...	151	30	121	151
Total ...	1354	157	1197	1354

B. Treatment of Visual Defects.

Number of Children.									
Referred for Refraction	Submitted to Refraction.				For whom Glasses were Prescribed	For whom Glasses were Provided	Recom-mended for Treatment other than by Glasses	Received other forms of treatment	For whom no Treatment was considered necessary
	Under Local Education Auth- ority's Scheme Clinic or Hospital.	By Private Practioner or Hospital	Other- wise	Total					
569	407	6	...	413	346	24	30	30	37

C. Treatment of Defects of Nose and Throat.

Referred for Treatment	Number of Children.			
	Received operative treatment.			
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total	Received other forms of treatment.
299	189	8	197	35

D. Treatment of Dental Defects.

1. Number of Children dealt with.

	Age Groups,										Specials	Total
	5	6	7	8	9	10	11	12	13	14		
a) Inspected by dentist ...	1676	2032	1423	1229	1169	1159	1121	1048	53		320	11230
(b) Referred for treatment ...	669	878	738	714	740	661	639	594	31		320	5984
(c) Actually treated ...	199	285	358	309	331	267	231	225	16		320	2541
(d) Re-treated (result of periodical examination).	21	58	110	88	50	80	69	72	4			552

2. Particulars of Time given and of Operations undertaken.

No. of half-days devoted to Inspection	No. of half-days devoted to Treatment.	Total No. of Attendances made by the children at the Clinic.	No. of Permanent teeth.		No. of Temporary teeth.		Total No. of Fillings	No. of administrations of General Anaesthetics included in (4) and (6)	No. of other Operations	
			Extracted.	Filled.	Extracted.	Filled.			Permanent teeth	Temporary teeth.
150	298	3078	416	1530	3070	251	1781	62	509	449

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN
TABLE IV. (A.B.C.D. & F., BUT EXCLUDING E.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Au- thority's Scheme	Otherwise.	Total.
Minor ailments ...	1354	157	1197	—
Visual defects ...	569	407	6	413
Defects of nose and throat ...	299	189	8	197
Dental defects ...	5984	2541	?	?
Other defects ...	1325	73	?	?
Total ...	9531	3367	—	—

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS DURING
THE YEAR 1920.

(1) The total number of children medically inspected at the routine inspections* ...							4195
(2) The number of children in (1) suffering from:—							
Malnutrition	...	...	...	...	...	...	135
Skin Disease	...	...	...	...	...	...	52
Defective Vision (including Squint)	...	...	...	...	...	...	358
Eye Disease	...	...	...	...	...	...	96
Defective Hearing	...	...	...	...	...	...	29
Ear Disease	...	...	...	...	...	...	53
Nose and Throat Disease	...	...	...	...	...	...	596
Enlarged Cervical Glands (non-tubercular)	...	...	...	...	...	...	186
Defective Speech	...	...	...	...	...	...	70
Dental Disease	...	...	...	...	...	...	612
Heart Disease	}	Organic	...	...	...	...	25
		Functional	...	...	...	...	13
Anæmia ...	...	...	...	...	...	...	106
Lung Disease (non tubercular)	...	...	...	...	...	...	98
Tuberculosis:—							
Pulmonary	}	Definite	...	...	...	...	1
		Suspected	...	...	...	...	27
Non-pulmonary	...	...	...	...	...	...	46
Disease of the Nervous System	...	...	...	...	...	...	37
Deformities ...	...	...	...	...	...	...	149
Other Defects and Diseases	...	...	...	...	...	...	199

(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	702
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	879
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	?

*Specials are not included in this Table.

Secondary Schools,

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1920, TO
31st DECEMBER, 1920.

A. Routine Medical Inspection.

Age			Entrants.					Total.
			11	12	13	14	Other ages.	
Boys	...	...	45	190	139	35	—	409
Girls	...	...	47	90	39	21	—	197
Totals	...	...	92	280	178	56	—	606

			Leavers.							Grand Total.
Age	...	...	15	16	17	18	19	20	Total	
Boys	...	...	21	35	17	—	—	—	73	482
Girls	...	...	9	17	15	9	1	1	52	249
Totals	...	...	30	52	32	9	1	1	125	731

B. Special Inspections.

	*Special Cases,	Re-examinations (i.e. No. of children re examined.
Boys	18	135
Girls	39	22
Totals	57	157

C. Total number of individual children inspected by the Medical Officer, whether as routine or special cases (no child being counted more than once in one year).

No. of individual children inspected.

808

TABLE II.

Return of Defects found in the course of Medical Inspection in 1920.

Defect or Disease				Routine Inspections.		Specials.	
				Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
[1]				[2]	[3]	[4]	[5]
Skin.	Malnutrition			2	—	—	—
	Uncleanliness :						
	Head			5	—	—	—
	Body			—	—	—	—
	Ringworm :—						
	Head			—	—	—	—
	Body			—	—	—	—
	Scabies			—	—	—	—
	Impetigo			2	—	—	—
Eye.	Other Diseases (non-Tubercular)			10	—	—	—
	Blepharitis			11	—	—	—
	Conjunctivitis			—	—	—	—
	Keratitis			—	—	—	—
	Corneal Ulcer			—	—	—	—
	Corneal Opacities			—	1	—	—
	Defective Vision			27	—	12	—
	Squint			4	—	—	—
	Other Conditions			—	—	—	—
Ear.	Defective Hearing			10	—	—	—
	Otitis Media			6	—	—	—
	Other Ear Diseases			3	—	—	—
Nose and Throat.	Enlarged Tonsils... ..			4	92	4	—
	Adenoids			1	5	—	—
	Enlarged Tonsils & Adenoids			—	—	—	—
	Other conditions			—	—	—	—
Enlarged Cervical Glands (non tubercular.)				—	39	—	—

Defects of Disease.		Routine Inspection.		Special.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
[1]		[1]	[2]	[3]	[5]
Defective Speech ...		—	8	—	—
Teeth—Dental Diseases (see above) ...		137	—	2	—
Heart and Circulation	Heart Disease ...	—	—	—	—
	Organic ...	4	—	—	—
	Functional ...	—	8	—	—
	Anæmia ...	21	—	3	—
Lungs	Bronchitis ...	11	—	—	—
	Other non-tubercular diseases	—	—	—	—
Tuber- culosis.	Pulmonary :—				
	Definite ...	1	—	—	—
	Suspected ...	1	—	—	—
	Non pulmonary :—				
	Glands ...	—	—	—	—
	Spine ...	—	—	—	—
	Hip ...	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin ...	—	—	—	—
	Other Forms ..	—	—	—	—
Nervous System.	Epilepsy ...	—	—	—	—
	Chorea ...	—	—	—	—
	Other Conditions ..	8	—	—	—
Derfor- mities.	Rickets ..	—	—	—	—
	Spinal Curvature...	10	12	12	—
	Other Forms ...	4	17	1	—
Other Defects and Diseases ...		3	9	—	1

Number of Individual Children having Defects which required treatment
or to be kept under observation

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